

**KANEPACKAGE PHILIPPINE INC.**

No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna  
Telephone No. (049) 5457-7166 to 69  
Fax No. (049) 545-6302

**INVESTIGATION REPORT FORM (IRF)**

Control No.:

Date Issued

0051

250205

|                  |                               |                   |               |
|------------------|-------------------------------|-------------------|---------------|
| Customer         | CANON BUSINESS MACHINE PHILS. | Attention To      | REXEL ALMARIO |
| Item Code        | RX1-5755-000                  | Department        | PRODUCTION    |
| Item Description | Z10 CARTON                    | Date of Detection | 250130        |
| Job Order Number | JO-F-25-75-5                  | Section Detected  | QA SCREENING  |

**ILLUSTRATION OF THE PROBLEM**

|                    |                  |          |
|--------------------|------------------|----------|
| Lot Quantity (pcs) | Reject Qty (pcs) | Reject % |
| 650                | 22               | 3.38     |

Nature of Defect:

POOR PRINT

Requirement:

Poor print on HP Logo is not acceptable

Actual

Poor print on HP Logo

| NO. OF OCCURENCE   | DISPOSITION  | AREA OF OCCURENCE / ORIGIN   | CONTENT  |
|--|--|--|--|
| <input checked="" type="checkbox"/> First<br><input type="checkbox"/> Recurrence No.: <u>1</u><br>Date.: <u>250130</u> | <input type="checkbox"/> Hold<br><input type="checkbox"/> Special Acceptance<br><input type="checkbox"/> For Rework<br><input checked="" type="checkbox"/> Reject / Disposal | <input type="checkbox"/> Slotter<br><input checked="" type="checkbox"/> EQOS<br><input type="checkbox"/> Diecut<br><input type="checkbox"/> Detaching<br><input type="checkbox"/> Gluing<br><input type="checkbox"/> Vertical<br><input type="checkbox"/> Others | <input type="checkbox"/> Material<br><input type="checkbox"/> Dimension<br><input type="checkbox"/> Appearance<br><input checked="" type="checkbox"/> Process / Method |
| Issued by  | Checked by   | Approved by  | Received by (Receiving Section)  |
| LESTER JOHN DIOSO   250205   | CHARLENE JAN MARIE FLORES   250205   | MICHAEL CASILLANO   250210   | GERALD DE GUZMAN   250210  |

**I. INVESTIGATION / ANALYSIS****DIRECT CAUSE: (Analyze the reason of occurrence, why it happened?)****System / Training****Design / Toolings****Process / Material**

WHY 1 : W1 Uneven distribution of ink. r nW2 Ink didn t penetrate well in the item.

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**INVESTIGATION REPORT FORM (IRF)****INDIRECT CAUSE: (Analyze the reason of occurrence, why it leaked?)**

System / Training

Design / Toolings

Process / Material

WHY 1 : N/A

**FINAL CONCLUSION**

**CORRECTIVE ACTION: (Actions to be done to ensure that the problem will not happen again)**

**WHO / WHEN**

Process / Material

WHY 1: Temporary increasing of Ink Viscosity from 9 seconds standard to 10 seconds.

Production Leaders Eqos  
Operator // 2025-03-10

WHY 2: Replacement of upgraded anilox roller for better print resolution from 9 to 12.

UMETANI // 2025-04-01

**IMMEDIATE ACTION: (Action to be done to contain/ temporary correct the problem found)**

A. Sorting Result

C. Reworking

|     | Location | Total Stock | NG | Total Good | Rework Quantity   | n/a |
|-----|----------|-------------|----|------------|-------------------|-----|
| RM  | n/a      | 0           | 0  | 0          | Total Good        | 0   |
| WIP | n/a      | 0           | 0  | 0          | Rework PPM (Good) | 0   |
| FG  | n/a      | 0           | 0  | 0          |                   |     |

B. Orientation

|           |            |      |       |
|-----------|------------|------|-------|
| Date      | 2025-04-10 | Time | 15:48 |
| Title     | n/a        |      |       |
| Attendees | n/a        |      |       |

Prepared By:

Approved By:

GERALD DE GUZMAN | 250410

REXEL ALMARIO | 250507

Department Head

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**INVESTIGATION REPORT FORM (IRF)****II. QA ROOTCAUSE VERIFICATION (To be filled out by QA In-charge)**

|                      |                |
|----------------------|----------------|
| Date Conducted:      | PIC:           |
| Identified Rootcause | Recommendation |

**III. CORRECTIVE ACTION VERIFICATION (To be filled out by QA In-charge)**

|                            | Checked By: | Date | Implemented?   | Running | JO Number | Date | NG Qty | Lot Qty |
|----------------------------|-------------|------|----------------|---------|-----------|------|--------|---------|
| 1st Verification of Action |             |      | [ ] Yes [ ] No | 1st     |           |      |        |         |
| 2nd Verification of Action |             |      | [ ] Yes [ ] No | 2nd     |           |      |        |         |
| 3rd Verification of Action |             |      | [ ] Yes [ ] No | 3rd     |           |      |        |         |
| Effectiveness of Action    |             |      | [ ] Yes [ ] No | 4th     |           |      |        |         |
| Remarks:                   |             |      |                | 5th     |           |      |        |         |

**IV. CLOSURE**

| Status     | Remarks |
|------------|---------|
| Still Open |         |

| Approved by: |                | Process Owner Acknowledgment: (Receiving Section) |                 |
|--------------|----------------|---|-----------------|
| N/A          | N/A            | N/A   | N/A             |
| QA Head      | Top Management | Line Leader                                       | Department Head |
| Date: -      | Date: -        | Date: -   | Date: -         |