KANEPACKAGE PHILIPPINE INC. No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna Telephone No. (049) 5457-7166 to 69				INVESTIGATION REPORT FORM (IRF)						
				Control I	No.:	Date Issued				
Fax No. (049) 545-6302			0063	0063		250222				
Customer	CANON BUSINES	CANON BUSINESS MACHINE PHILS.			REXEL ALMA	RIO				
Item Code	6CB-0005-000	6CB-0005-000			PRODUCTION					
Item Description	BODY			Date of Detection 250218						
Job Order Number	JO-F-25-135-7		Section Detected QA SCREENING							
I	ILLUSTRATION C	OF THE P	ROBLEM							
				Lot Quantity (pcs	s) Reject (	Qty (pcs)	Reject %			
				550	2	22	4.00			
4			Nature of Defect:							
		ACTUAL: With	MISALIGN GLUE							
misalign glue REQUIREMENT: Misalign glue is not acceptable			Requirement:							
				Misalign glue is not acceptable						
	i l			Actual						
×				With misalign glue up to 5mm						
NO. OF OC	CURENCE		DISPOSITION	AREA OF OCCURENCE / ORIGIN			CONTENT			
First		Hol		Slotter	Gluing		Material			
Recurrence No.: 1   Date.: 250218 1			ecial Acceptance Rework	EQOS Diecut	Vertical Others		Dimension Appearance			
		Reject / Disposal		Detaching		Process / Method				
Issued by			Checked by	Approvec	l by	Received by (Receiving Section)				
LESTER JOHN DIOSO   250222 CHAR			IE JAN MARIE FLORES   250225	MICHAEL CASILLA	NO   250226	GERALD DE GUZMAN   250410				
			I. INVESTIGATION	ANALYSIS						
DIRECT CAUSE: (A System / Training	nalyze the reasor	1 of occur	ence, why it happened?)							
WHY 1: Not enoug	h pre folding to get t	he correct	gap dimension.							
WHY 2 : Operator o	WHY 2 : Operator on going familiarization to gluing process.									
WHY 3 : Operator n	newly hired and cross	s train to gl	luing process.							
Design / Toolings										
Process / Material										

Т

Г

-



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)						
II. QA ROOTCAUSE VER	IFICATI	ON (To be fil	led out by QA	ln-cha	arge)							
Date Conducted: PIC												
Id	lentified	Rootcause					Recomm	endation				
III. CORRECTIVE ACTIO	N VERIF	ICATION (To	be filled out	by QA	In-charge)							
	Ch	ecked By:	Date	Im	plemented?	Running	JO Nu	mber	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						
		I	ľ	V. CLO	SURE							
Status			Re	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: -				