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			0064		250226					
Customer	CANON BUSINES	SS MACHINE PHILS.	Attention To	REXEL ALMA	EXEL ALMARIO					
Item Code	RX1-5732-000		Department	PRODUCTION						
Item Description	Z10 SLEEVE		Date of Detection	ection 250222						
Job Order Number	JO-F-25-185-4		Section Detected QA SCREENING 3							
I	ILLUSTRATION C	OF THE PROBLEM		•						
			Lot Quantity (pcs	s) Reject (Qty (pcs)	Reject %				
100		600	2	25	4.17					
. (Nature of Defect:									
IN TITEL		OVER LAP								
Concession of the local division of the loca		Requirement:								
and the second division of		NO OVERLAP								
		Actual								
-		WITH OVERLAP								
NO. OF OC	CURENCE	DISPOSITION	AREA OF OCCURENCE / ORIGIN			CONTENT				
First Recurrence No.: 1 Date.: 250222		Hold Special Acceptance For Rework Reject / Disposal	Slotter EQOS Diecut Detaching	Gluing Vertical Others		Material Dimension Appearance Process / Method				
Issue	d by	Checked by	Approved	d by	Received	by (Receiving Section)				
MA. ERIKA MAE ASIS 250226		CHARLENE JAN MARIE FLORES 250226	MICHAEL CASILLA	NO 250303	GERALD DE GUZMAN 250410					
		I. INVESTIGATION	/ ANALYSIS							
	nalyze the reaso	n of occurence, why it happened?)								
System / Training WHY 1 : Not enough pre folding to get the correct gap dimension.										
WHY 2 : Operator o	on going familiarizati	on to gluing process.								
WHY 3 : Operator n	newly hired and cros	s train to gluing process.								
Design / Toolings										
Process / Material										



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)							
	Checked 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: -				