



# 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.:

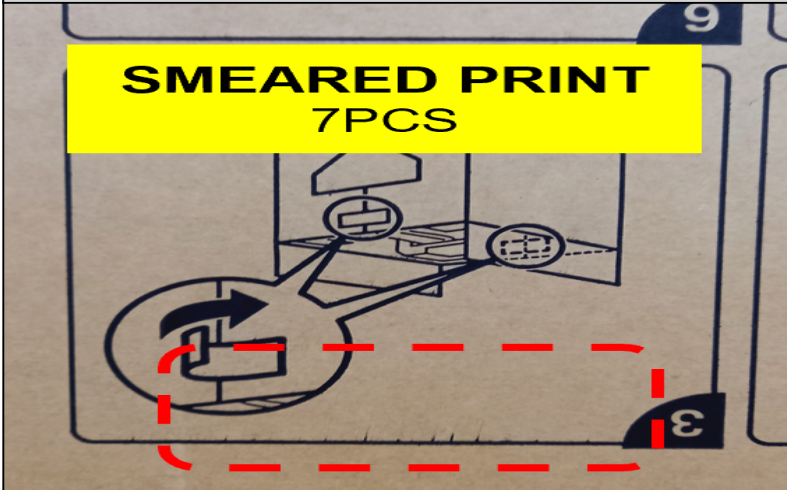
Date Issued

0067

250226

|                  |                               |                   |                |
|------------------|-------------------------------|-------------------|----------------|
| Customer         | CANON BUSINESS MACHINE PHILS. | Attention To      | REXEL ALMARIO  |
| Item Code        | FX2-5097-000                  | Department        | PRODUCTION     |
| Item Description | Z10 OUTER BOX                 | Date of Detection | 250222         |
| Job Order Number | JO-F-25-179-4                 | Section Detected  | QA SCREENING 3 |

### ILLUSTRATION OF THE PROBLEM



|                    |                  |          |
|--------------------|------------------|----------|
| Lot Quantity (pcs) | Reject Qty (pcs) | Reject % |
| 600                | 7                | 1.17     |
| Nature of Defect:  |                  |          |
| SMEARED PRINT      |                  |          |
| Requirement:       |                  |          |
| NO SMEARED PRINT   |                  |          |
| Actual             |                  |          |
| WITH SMEARED PRINT |                  |          |

| 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>250222</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)                                                                                                                                        |
| MA. ERIKA MAE ASIS   250226                                                                                            | CHARLENE JAN MARIE FLORES   250226                                                                                                                                           | MICHAEL CASILLANO   250303                                                                                                                                                                                                                                       | GERALD DE GUZMAN   250410                                                                                                                                              |

### I. INVESTIGATION / ANALYSIS

#### DIRECT CAUSE: (Analyze the reason of occurrence, why it happened?)

#### System / Training

#### Design / Toolings

#### Process / Material

WHY 1 : INK SPREAD FURTHER ON THE PRINTED AREA

WHY 2 : ACCUMULATION OF INK ON THE EDGES OF FLEXO PLATE

WHY 3 : DUE TO OVER PRINT IMPRESSION (ADJUSTMENT UPON TRIAL RUN)

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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 : na

**FINAL CONCLUSION**

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

**WHO / WHEN**

Process / Material

WHY 1: Provision of reject separator (have list of rejects)

ME // 2025-06-30

WHY 2: Revised Work Instruction regarding the reject process.

Prodiction IE // 2025-06-30

**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   | na |
| RM  | na       | 0           | 0  | 0          | Total Good        | 0  |
| WIP | na       | 0           | 0  | 0          | Rework PPM (Good) | 0  |
| FG  | na       | 0           | 0  | 0          |                   |    |

B. Orientation

|           |            |      |       |
|-----------|------------|------|-------|
| Date      | 2025-06-10 | Time | 08:33 |
| Title     | na         |      |       |
| Attendees | na         |      |       |

Prepared By:

Approved By:

GERALD DE GUZMAN | 250610

N/A

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: -         |