

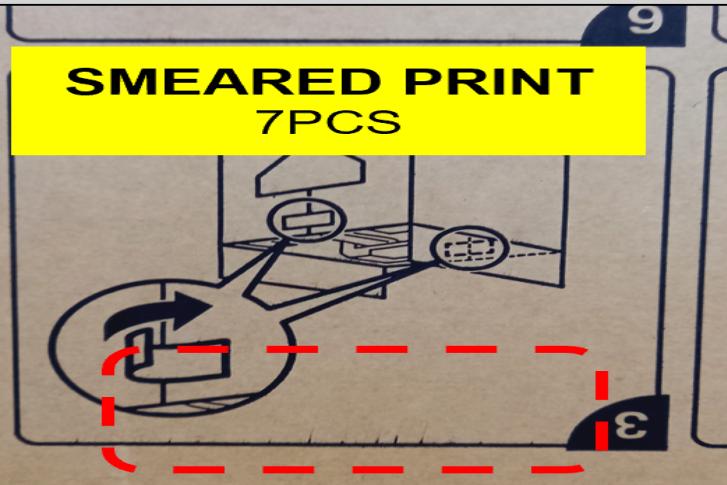
**KANE PACKAGE PHILIPPINE INC.**

No. 5 Ring Road LISI 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	<input type="checkbox"/> Hold	<input type="checkbox"/> Slotter	<input type="checkbox"/> Material
<input type="checkbox"/> Recurrence No.: <u>1</u>	<input type="checkbox"/> Special Acceptance	<input checked="" type="checkbox"/> EQOS	<input type="checkbox"/> Dimension
Date.: <u>250222</u>	<input type="checkbox"/> For Rework	<input type="checkbox"/> Diecut	<input type="checkbox"/> Appearance
	<input checked="" type="checkbox"/> Reject / Disposal	<input type="checkbox"/> Detaching	<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			REXEL ALMARIO   251017			
			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			<input type="checkbox"/> Yes <input type="checkbox"/> No	1st				
2nd Verification of Action			<input type="checkbox"/> Yes <input type="checkbox"/> No	2nd				
3rd Verification of Action			<input type="checkbox"/> Yes <input type="checkbox"/> No	3rd				
Effectiveness of Action			<input type="checkbox"/> Yes <input type="checkbox"/> No	4th				
Remarks:				5th				

**IV. CLOSURE**

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