

**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)

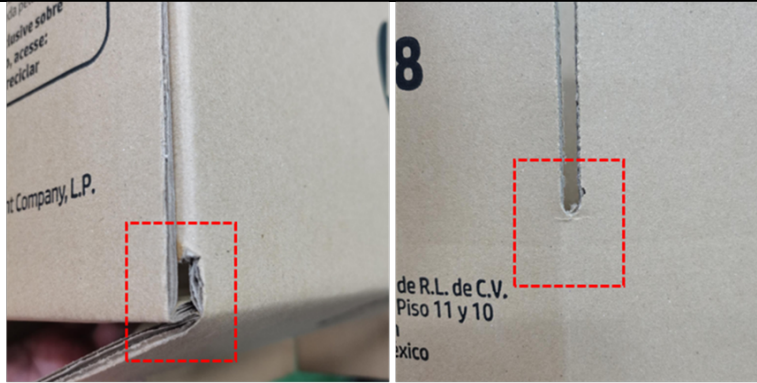
Control No.:

Date Issued

0072

250312

| | | | |
|------------------|-------------------------------|-------------------|----------------|
| Customer | CANON BUSINESS MACHINE PHILS. | Attention To | REXEL ALMARIO |
| Item Code | RJ1-1228-00A | Department | PRODUCTION |
| Item Description | FIXING ASSY | Date of Detection | 250301 |
| Job Order Number | JO-F-25-240-10 | Section Detected | QA SCREENING 3 |

ILLUSTRATION OF THE PROBLEM**ACTUAL:** With Poor slot and has gap of up to 6mm.**REQUIREMENT:** Acceptable up to 5mm.

| | | |
|--------------------|------------------|----------|
| Lot Quantity (pcs) | Reject Qty (pcs) | Reject % |
| 1700 | 37 | 2.18 |

Nature of Defect:

POOR SLOT

Requirement:

Acceptable up to 5mm

Actual

With Poor slot and has gap of up to 6mm

| NO. OF OCCURENCE | DISPOSITION | AREA OF OCCURENCE / ORIGIN | CONTENT |
|--|--|--|--|
| <input checked="" type="checkbox"/> First <input type="checkbox"/> Recurrence No.: <u>1</u> Date.: <u>250301</u> | <input type="checkbox"/> Hold <input type="checkbox"/> Special Acceptance <input type="checkbox"/> For Rework <input checked="" type="checkbox"/> Reject / Disposal | <input type="checkbox"/> Slotter <input type="checkbox"/> EQOS <input type="checkbox"/> Diecut <input type="checkbox"/> Detaching <input checked="" type="checkbox"/> Gluing <input type="checkbox"/> Vertical <input type="checkbox"/> Others | <input type="checkbox"/> Material <input type="checkbox"/> Dimension <input type="checkbox"/> Appearance <input checked="" type="checkbox"/> Process / Method |
| Issued by | Checked by | Approved by | Received by (Receiving Section) |
| LESTER JOHN DIOSO 250312 | CHARLENE JAN MARIE FLORES 250315 | MICHAEL CASILLANO 250317 | GERALD DE GUZMAN 250410 |

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



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INDIRECT CAUSE: (Analyze the reason of occurrence, why it leaked?)

System / Training

Design / Toolings

Process / Material

FINAL CONCLUSION

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

WHO / WHEN

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 | |
| RM | | | | | Total Good | |
| WIP | | | | | Rework PPM (Good) | |
| FG | | | | | | |
| B. Orientation | | | | | | |
| Date | | | | | Time | |
| Title | | | | | | |
| Attendees | | | | | | |
| Prepared By: | | | | | Approved By: | |
| N/A | | | | | 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: - |