

**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)

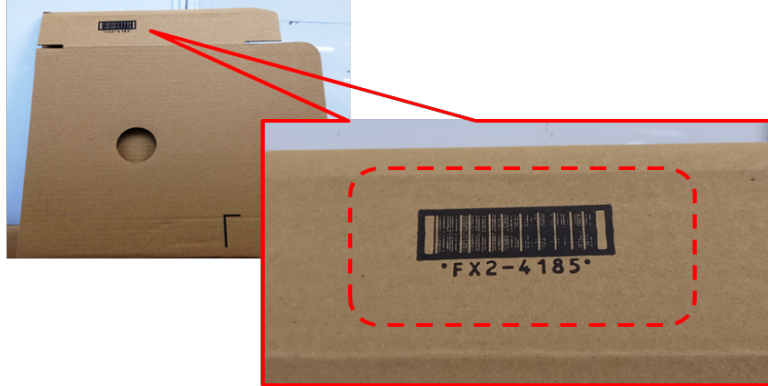
Control No.:

Date Issued

0075

250327

Customer	CANON BUSINESS MACHINE PHILS.	Attention To	REXEL ALMARIO
Item Code	FX2-4185-000-RMFG	Department	PRODUCTION
Item Description	Z10_BOX-ACC-555	Date of Detection	250322
Job Order Number	JO-F-25-364-1	Section Detected	QA SCREENING

ILLUSTRATION OF THE PROBLEM

Lot Quantity (pcs)	Reject Qty (pcs)	Reject %
2000	27	1.35

Nature of Defect:

BLOTTED PRINT

Requirement:

Acceptable as long as readable by barcode scanner

Actual

Blotted print and cannot read by barcode scanner

ACTUAL: Blotted print and cannot read by barcode scanner
REQUIREMENT: Acceptable as long as readable by barcode scanner

NO. OF OCCURENCE	DISPOSITION	AREA OF OCCURENCE / ORIGIN	CONTENT
<input checked="" type="checkbox"/> First <input type="checkbox"/> Recurrence No.: <u>1</u> Date.: <u>250322</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 checked="" type="checkbox"/> EQOS <input type="checkbox"/> Diecut <input type="checkbox"/> Detaching <input 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 250327	CHARLENE JAN MARIE FLORES 250421	MICHAEL CASILLANO 250422	GERALD DE GUZMAN 250506

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

WHY 1 : Over application of ink to the substrate.

WHY 2 : Accumulation of ink to the edges of the flexo plate.

WHY 3 : Over print impression during 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: Conducted cleaning of cyrel upon r ndetection.

Eqos operator // 2025-03-19

WHY 2: Provision of reject separator (have list of rejects)

ME // 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	08:51
Title	na		
Attendees	na		

Prepared By:

Approved By:

GERALD DE GUZMAN | 250618

REXEL ALMARIO | 260427

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: -