



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 _____

0083 250410

Customer	ARKRAY	Attention To	REXEL ALMARIO
Item Code	84-05467A	Department	PRODUCTION
Item Description	INNER BOX F821629-1	Date of Detection	250403
Job Order Number	JO25-M-00876-3	Section Detected	QA SCREENING

ILLUSTRATION OF THE PROBLEM

<p>ACTUAL: Misalign glue of glue tab REQUIREMENT: Misalign glue is Acceptable up to 5mm</p>	Lot Quantity (pcs)	Reject Qty (pcs)	Reject %
	2100	30	1.43
Nature of Defect:			MISALIGN GLUE
Requirement:			Misalign glue is Acceptable up to 5mm
Actual			Misalign glue of glue tab exceed set tolerance

NO. OF OCCURENCE	DISPOSITION	AREA OF OCCURENCE / ORIGIN	CONTENT
<input checked="" type="checkbox"/> First	<input type="checkbox"/> Hold	<input type="checkbox"/> Slotter	<input checked="" type="checkbox"/> Gluing
<input type="checkbox"/> Recurrence No.: <u>1</u>	<input type="checkbox"/> Special Acceptance	<input type="checkbox"/> EQOS	<input type="checkbox"/> Material
Date.: <u>250403</u>	<input type="checkbox"/> For Rework	<input type="checkbox"/> Diecut	<input type="checkbox"/> Dimension
	<input checked="" type="checkbox"/> Reject / Disposal	<input type="checkbox"/> Detaching	<input type="checkbox"/> Appearance
			<input checked="" type="checkbox"/> Process / Method
Issued by	Checked by	Approved by	Received by (Receiving Section)
LESTER JOHN DIOSO 250410	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 : Operator got difficulty to trace the alignment during gluing process.

WHY 2 : The creasing line mark is not visible in the smooth surface can not adjust the depth of creasing line to avoid bursting.



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: Request for tooling relay out regarding putting additional nick mark as guide in gluing alignment. Tooling Custodian // 2025-06-14

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		
FG	na	0	0	0	Rework PPM (Good)	0

B. Orientation			
Date	2025-06-10	Time	08:29
Title	na		
Attendees	na		
Prepared By:		Approved By:	
GERALD DE GUZMAN 250618		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			<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: -