



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.:

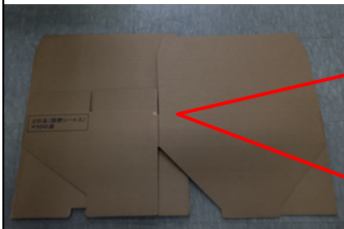
Date Issued

0083

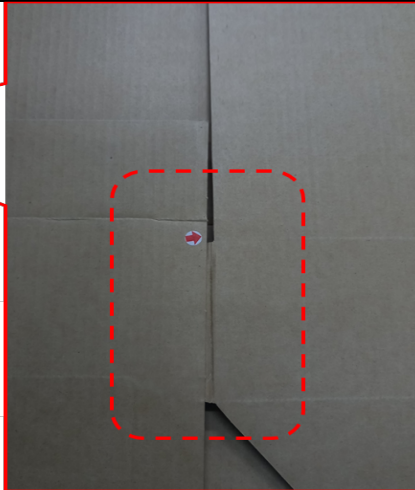
250410

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



ACTUAL: Misalign glue of glue tab
REQUIREMENT: Misalign glue is **Acceptable** up to 5mm



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"/> Recurrence No.: <u>1</u> Date.: <u>250403</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 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 r ndepth of creasing line to avoid bursting.

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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: 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**

	Location	Total Stock	NG	Total Good
RM	na	0	0	0
WIP	na	0	0	0
FG	na	0	0	0

C. Reworking

Rework Quantity	na
Total Good	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			[] 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: -