

**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)

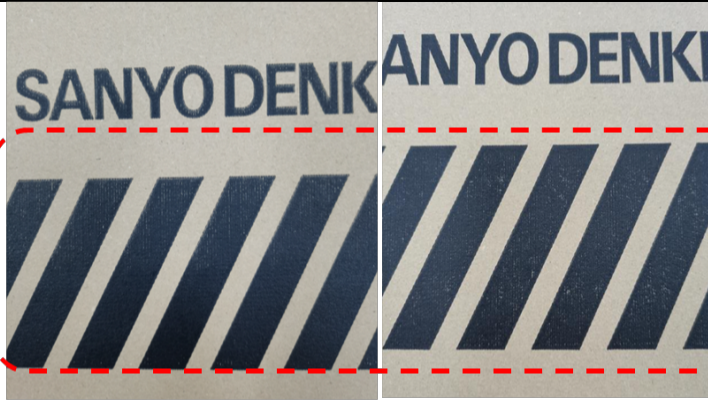
Control No.:

Date Issued

0086

250423

Customer	SANYO DENKI PHILS INC.	Attention To	REXEL ALMARIO
Item Code	00902010-01	Department	PRODUCTION
Item Description	PRINT SPECIFICATION	Date of Detection	250411
Job Order Number	JO25-M-01151-181	Section Detected	QA SCREENING 2

ILLUSTRATION OF THE PROBLEM

Lot Quantity (pcs)	Reject Qty (pcs)	Reject %
1700	39	2.29

Nature of Defect:

POOR PRINT

Requirement:

Poor print is Not Acceptable on Class A surface.

Actual

Poor print is Not Acceptable base on defect limit criteria of customer.

ACTUAL: Poor print is **Not Acceptable** base on defect limit criteria of customer.
REQUIREMENT: Poor print is **Not Acceptable**.

NO. OF OCCURENCE	DISPOSITION	AREA OF OCCURENCE / ORIGIN		CONTENT
<input type="checkbox"/> First <input checked="" type="checkbox"/> Recurrence No.: <u>3</u> Date.: <u>250214</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 250423	CHARLENE JAN MARIE FLORES 250423	MICHAEL CASILLANO 250424	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 : Insufficient ink distribution on the substrate using 9 secs ink viscosity.

WHY 2 : Due to no skipping feeding of board.

WHY 3 : Mandatory implementation of Skip Off mode to all items due to improved Anilox Roller of Eqos r nprinting unit 2 without study conducted regarding applicable ink viscosity before the implementation.

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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: Collect data from the previous running using Skip Off mode with and without occurrence of Poor Print to identify the applicable ink viscosity.

Production // 2025-08-26

WHY 2: Change the standard ink viscosity in Eqos Work Instruction from 9sec to 10sec because it was found out that 10 secs is the applicable ink viscosity for Skip Off mode process.

Production IE // 2025-08-29

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	0	0	0	Total Good	na
RM	na	0	0	0		na
WIP	na	0	0	0		
FG	na	0	0	0	Rework PPM (Good)	na

B. Orientation

Date	2025-09-08	Time	16:34
Title	na		
Attendees	NA		

Prepared By:

Approved By:

GERALD DE GUZMAN | 250908

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: -