

**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

0090

250510

Customer	KOWA-EMORI PHILIPPINES, INC.	Attention To	REXEL ALMARIO
Item Code	HP33D1057-1	Department	PRODUCTION
Item Description	CARTON BOX	Date of Detection	250507
Job Order Number	JO25-M-01645-28	Section Detected	QA SCREENING

ILLUSTRATION OF THE PROBLEM

ACTUAL: Print overlaps on the creasing line
REQUIREMENT: No misalign print

Lot Quantity (pcs)	Reject Qty (pcs)	Reject %
2000	97	4.85
Nature of Defect:		
MISALIGN PRINT		
Requirement:		
+- 5 mm printing tolerance		
Actual		
Print overlaps on the creasing line		

NO. OF OCCURENCE	DISPOSITION	AREA OF OCCURENCE / ORIGIN	CONTENT
<input checked="" type="checkbox"/> First <input type="checkbox"/> Recurrence No.: <u>1</u> Date.: <u>250507</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 checked="" type="checkbox"/> Dimension <input type="checkbox"/> Appearance <input type="checkbox"/> Process / Method
Issued by	Checked by	Approved by	Received by (Receiving Section)
LESTER JOHN DIOSO 250510	CHARLENE JAN MARIE FLORES 250519	MICHAEL CASILLANO 250519	GERALD DE GUZMAN 250614

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

WHY 1 : With almost 2mm slanted mounting of cyrel on the affected portion.

WHY 2 : Cyrel adhesive (double sided tape) got weak.

WHY 3 : Accumulation of water during cyrel cleaning.

Process / Material

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INVESTIGATION REPORT FORM (IRF)**INDIRECT CAUSE: (Analyze the reason of occurrence, why it leaked?)****System / Training****Design / Toolings**

WHY 1 : na

Process / Material**FINAL CONCLUSION****CORRECTIVE ACTION: (Actions to be done to ensure that the problem will not happen again)****WHO / WHEN****Design / Toolings**

WHY 1: Conducted investigation by checking of actual non detach r ndie cutted items to find the cause.

Production // 2025-06-24

WHY 2: Align the slanted portion of cyrel then apply sealant.

Production // 2025-06-27

WHY 3: Revision of WI PR 001 031 Guidelines for Cyrel Layouting r nregarding inclusion of applying sealant to prevent r naccumulation of water in adhesive during cyrel cleaning.

Production // 2025-07-01

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	2025-07-15	Time	09:49
Title	na		
Attendees	na		

Prepared By:

Approved By:

GERALD DE GUZMAN | 250715

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: -