

**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
0092	250623

Customer	HIBLOW PHILIPPINES INC.	Attention To	REXEL ALMARIO
Item Code	DB04020120-00	Department	PRODUCTION
Item Description	VP Individual Large Box	Date of Detection	250610
Job Order Number	JO25-M-01680-11	Section Detected	QA SCREENING 4

**ILLUSTRATION OF THE PROBLEM****QUALITY CONCERN – POOR PRINT**

Customer	HIBLOW	NO GOOD
Item Description	DB04020120-00 VP INDIVIDUAL BOX	
Job Order Number	JO25-M-01680-11	
Lot Quantity	160 pcs.	
Rejected Quantity	35 pcs.	
Rejection Rate / PPM	21.88% / 218,750 PPM	
Detection date	250610	
Occurrence No.	1 <sup>st</sup>	
Detected by	QA SCREENING 4	
Status	REJECT (IRF ISSUANCE)	
Rejection Cost	-	

**ACTUAL:** Presence of poor print near on the logo.

Lot Quantity (pcs)	Reject Qty (pcs)	Reject %
160	35	21.88

**Nature of Defect:**

POOR PRINT

**Requirement:**

There should be no poor print on the logo

**Actual**

Presence of poor print near on the logo.

NO. OF OCCURENCE	DISPOSITION	AREA OF OCCURENCE / ORIGIN	CONTENT
<input checked="" type="checkbox"/> First	<input type="checkbox"/> Hold	<input type="checkbox"/> Slotter	<input type="checkbox"/> Material
<input type="checkbox"/> Recurrence No.: 1	<input type="checkbox"/> Special Acceptance	<input checked="" type="checkbox"/> EQOS	<input type="checkbox"/> Dimension
Date.: 250610	<input type="checkbox"/> For Rework	<input type="checkbox"/> Vertical	<input type="checkbox"/> Appearance
	<input checked="" type="checkbox"/> Reject / Disposal	<input type="checkbox"/> Diecut	<input checked="" type="checkbox"/> Process / Method
		<input type="checkbox"/> Detaching	
Issued by	Checked by	Approved by	Received by (Receiving Section)
LESTER JOHN DIOSO   250623	CHARLENE JAN MARIE FLORES   250626	MICHAEL CASILLANO   250626	GERALD DE GUZMAN   250709

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

WHY 1 : Uneven distribution of ink to the substrate.

WHY 2 : Foreign materials that were stuck in the flexoplate

WHY 3 : Dust remover cannot collect all the foreign materials on the boards due to over accumulation of dust.

WHY 4 : No set frequency on the cleaning of dust remover.



## 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: Set frequency of dust remover every end of the shift.

Production // 2025-08-26

WHY 2: Inclusion to WI and Eqos Daily Maintenance Form.

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

B. Orientation

Date	2025-09-09	Time	12:09
Title	na		
Attendees	NA		
Prepared By:			Approved By:
GERALD DE GUZMAN   250909			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: -