

**KANE PACKAGE 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
0093	250623

Customer	BROTHER INDUSTRIES PHILIPPINES, INC.	Attention To	REXEL ALMARIO
Item Code	D02Y4T001	Department	PRODUCTION
Item Description	PRINTED CARTON E115B CHN	Date of Detection	250610
Job Order Number	JO25-M-01987-58	Section Detected	QA SCREENING 2

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

Customer	BROTHER
Item Description	D02Y4T001 PRINTED CARTON
Job Order Number	JO25-M-01987-58
Lot Quantity	2,100 pcs.
Rejected Quantity	65 pcs.
Rejection Rate / PPM	3.1% / 30,952 PPM
Detection date	250610
Occurrence No.	2 nd (250413)
Detected by	QA SCREENING 2
Status	REJECT (IRF ISSUANCE)
Rejection Cost	-



Lot Quantity (pcs)	Reject Qty (pcs)	Reject %
2100	65	3.10

Nature of Defect:

POOR PRINT

Requirement:

Poor print is not acceptable on the logo

Actual

Presence of poor print near on the logo.

NO. OF OCCURENCE	DISPOSITION	AREA OF OCCURENCE / ORIGIN	CONTENT
<input type="checkbox"/> First	<input type="checkbox"/> Hold	<input type="checkbox"/> Slotter	<input type="checkbox"/> Material
<input checked="" type="checkbox"/> Recurrence No.: <u>2</u>	<input type="checkbox"/> Special Acceptance	<input checked="" type="checkbox"/> EQOS	<input type="checkbox"/> Dimension
Date.: <u>250413</u>	<input type="checkbox"/> For Rework	<input type="checkbox"/> Diecut	<input type="checkbox"/> Appearance
	<input checked="" type="checkbox"/> Reject / Disposal	<input type="checkbox"/> Detaching	<input checked="" type="checkbox"/> Process / Method
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 flexo plate

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.

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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: 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	12:13		
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: -