



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.:

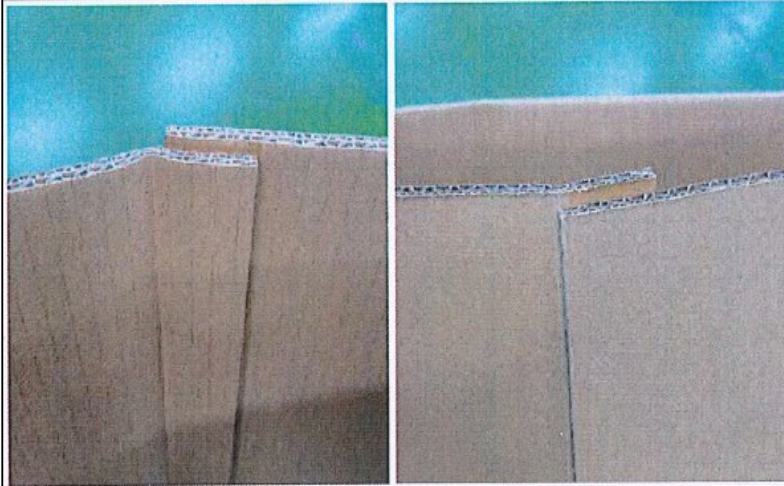
Date Issued

0103

250804

Customer	CANON BUSINESS MACHINE PHILS.	Attention To	REXEL ALMARIO
Item Code	RX1-5732-000-RMFG	Department	PRODUCTION
Item Description	Z10_sleeve_s	Date of Detection	250712
Job Order Number	JO-F-25-846-3	Section Detected	QA SCREENING 3

ILLUSTRATION OF THE PROBLEM



Lot Quantity (pcs)	Reject Qty (pcs)	Reject %
800	24	3.00

Nature of Defect:

MISALIGN GLUE

Requirement:

Acceptable up to 5mm misalign glue.

Actual

Misalign glue is above 5mm

NO. OF OCCURENCE	DISPOSITION	AREA OF OCCURENCE / ORIGIN	CONTENT
<input type="checkbox"/> First <input checked="" type="checkbox"/> Recurrence No.: <u>3</u> Date.: <u>250222</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 250804	N/A	N/A	N/A

I. INVESTIGATION / ANALYSIS

DIRECT CAUSE: (Analyze the reason of occurrence, why it happened?)

System / Training

Design / Toolings

Process / Material



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INVESTIGATION REPORT FORM (IRF)

INDIRECT CAUSE: (Analyze the reason of occurrence, why it leaked?)

System / Training

Design / Toolings

Process / Material

FINAL CONCLUSION

CORRECTIVE ACTION: (Actions to be done to ensure that the problem will not happen again)

WHO / WHEN

IMMEDIATE ACTION: (Action to be done to contain/ temporary correct the problem found)

A. Sorting Result

	Location	Total Stock	NG	Total Good
RM				
WIP				
FG				

C. Reworking

Rework Quantity	
Total Good	
Rework PPM (Good)	

B. Orientation

Date		Time	
Title			
Attendees			

Prepared By:

Approved By:

N/A

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
Cancelled IRF	

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: -