

**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)**

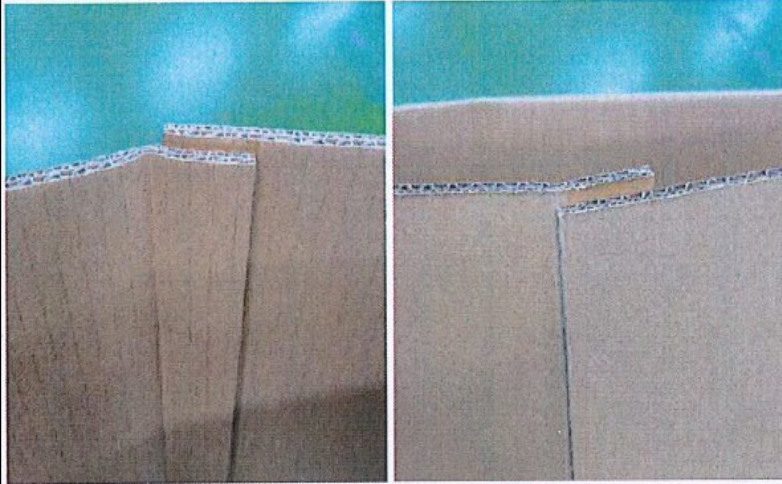
Control No.:

Date Issued

0104

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

**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.		
Actual		
Misalign glue is up to 7mm exceeds specified requirement		

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	CHARLENE JAN MARIE FLORES   250806	MICHAEL CASILLANO   250807	GERALD DE GUZMAN   250807

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

WHY 1 : Misalign Glue occurs during manual gluing.

WHY 2 : Operator did not make adjustments (hilut) during gluing the item.

WHY 3 : Operator is not aware on the hilot or adjustment on the box during gluing.

WHY 4 : Operator assigned is from Lamination but not an Authorized Manual Gluing Operator.

WHY 5 : Operator and Leader assumed that the operator is Authorized since the process is Manual Gluing.

**Design / Toolings****Process / Material**

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

WHY 1 :   na

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

WHY 1:   Separate list of Authorized Operator of Lamination and Manual Gluing.

production // 2025-09-04

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

**B. Orientation**

Date	2025-09-04	Time	17:33
Title	na		
Attendees	NA		

**Prepared By:****Approved By:**

GERALD DE GUZMAN | 250904

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
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: -