

**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
0105	250805

Customer	CANON BUSINESS MACHINE PHILS.	Attention To	REXEL ALMARIO
Item Code	RX1-5732-000	Department	PRODUCTION
Item Description	Z10 SLEEVE	Date of Detection	250222
Job Order Number	JO-F-25-185-4	Section Detected	QA SCREENING 3

ILLUSTRATION OF THE PROBLEM

	Lot Quantity (pcs)	Reject Qty (pcs)	Reject %
	600	25	4.17
	Nature of Defect:		
	OVER LAP		
	Requirement:		

NO. OF OCCURENCE	DISPOSITION	AREA OF OCCURENCE / ORIGIN	CONTENT
<input checked="" type="checkbox"/> First <input type="checkbox"/> Recurrence No.: <u>1</u> <u>Date.: 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
Issued by	Checked by	Approved by	Received by (Receiving Section)
250805	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****Design / Toolings****Process / Material**

WHY 1 : Overlapped occurs during manual gluing.

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

WHY 3 : Operator is not aware on the hilut 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.



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: Separate list of Authorized Operator of Lamination Conveyor 1 2 3 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	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	2025-09-04	Time	17:30
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			<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: -