

**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)

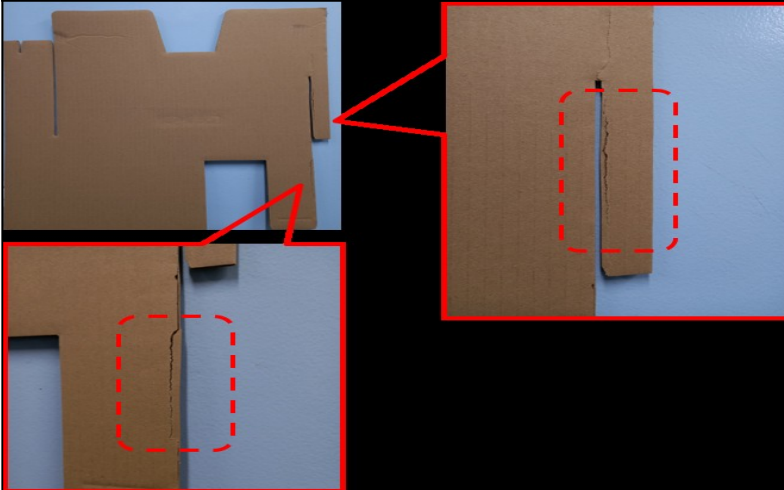
Control No.:

Date Issued

0112

250920

Customer	CANON BUSINESS MACHINE PHILS.	Attention To	REXEL ALMARIO
Item Code	3CB-0059-000	Department	PRODUCTION
Item Description	PARTITION	Date of Detection	250913
Job Order Number	JO-F-25-1068-7	Section Detected	QA SCREENING

ILLUSTRATION OF THE PROBLEM

Lot Quantity (pcs)	Reject Qty (pcs)	Reject %
3000	96	3.20

Nature of Defect:

BURSTING

Requirement:

NO BURSTING

Actual

BURSTING WITH UP TO 100CM FOUND ON THE SIDE OF THE ITEM

NO. OF OCCURENCE	DISPOSITION	AREA OF OCCURENCE / ORIGIN		CONTENT
<input checked="" type="checkbox"/> First <input type="checkbox"/> Recurrence No.: <u>1</u> Date.: <u>250913</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 checked="" type="checkbox"/> Diecut <input type="checkbox"/> Detaching	<input 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)	
MA. ERIKA MAE ASIS 250920	CHARLENE JAN MARIE FLORES 250929	MICHAEL CASILLANO 251013	GERALD DE GUZMAN 251013	

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

WHY 1 : Excessive pressure was applied on the affected area.

WHY 2 : Encountered uncut portion during processing/running and applied backing tape on uncut portion.

WHY 3 : r n Upon application of backing tape operator did not consider proper patching of backing tape.

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: Relayout of dieblade

Tooling // 2025-10-10

WHY 2: Horizontal implementation on proper usage of ejector r nsponge.

Tooling/Production // 2025-12-02

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	Rework PPM (Good)	NA
FG	na	0	0	0		

B. Orientation

Date	2025-12-02	Time	12:09
Title	na		
Attendees	na		

Prepared By:

Approved By:

GERALD DE GUZMAN | 251202

REXEL ALMARIO | 260427

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: -