

**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
0118	251017

Customer	SANYO DENKI PHILS INC.	Attention To	REXEL ALMARIO
Item Code	00902009-01	Department	PRODUCTION
Item Description	PACKAGE	Date of Detection	250103
Job Order Number	JO24-M-02353-8	Section Detected	QA SCREENING

ILLUSTRATION OF THE PROBLEM

 <p>ACTUAL: Did not meet level 15 Limit Criteria REQUIREMENT: Poor print acceptable up to level 15 Limit Criteria</p>	Lot Quantity (pcs)	Reject Qty (pcs)	Reject %			
	520	40	7.69			
	Nature of Defect:					
	POOR PRINT					
	Requirement:					
Poor print acceptable up to level 15 Limit Criteria						
Actual						
Did not meet level 15 Limit Criteria						
NO. OF OCCURENCE	DISPOSITION	AREA OF OCCURENCE / ORIGIN	CONTENT			
<input checked="" type="checkbox"/> First <input type="checkbox"/> Recurrence No.: <u>1</u> <u>Date.: 250103</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"/> Gluing <input checked="" type="checkbox"/> EQOS <input type="checkbox"/> Vertical <input type="checkbox"/> Diecut <input type="checkbox"/> Others <input type="checkbox"/> Detaching	<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)			
251017	CHARLENE JAN MARIE FLORES 251017	MICHAEL CASILLANO 251017	GERALD DE GUZMAN 251017			

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

WHY 1 : Poor print occurred because the printing impression was set to 1.9 mm instead of the standard 1.4 mm (0.2mm) resulting in uneven ink transfer on the board. In addition washboard materials were also encountered.

WHY 2 : Operator was not fully aware of the correct EQOS Printing Standard setting and there was no posted guideline on the machine indicating the required standard impression.

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 :

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: Increase the ink viscosity from 9 to 10 sec.	EQOS Main Operator // 2024-12-28
WHY 2: Discuss the encountered poor print problem with the EQOS operators.	Production Leader // 2025-01-03
WHY 3: Provide a posted reference for the EQOS Printing standard machine setting to ensure operators follow the correct impression parameter	Production // 2025-07-10
WHY 4: Conduct re orientation or refresher training for operators regarding EQOS Printing standard parameters.	Production // 2025-07-10

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	0		
RM	N/A	0	0	0	Total Good	0		
WIP	N/A	0	0	0				
FG	N/A	0	0	0	Rework PPM (Good)	0		
B. Orientation								
Date	2025-07-10			Time	06:00			
Title	EQOS Standard Parameter Settings Orientation							
Attendees	EQOS Operators							
Prepared By:				Approved By:				
GERALD DE GUZMAN 251017				REXEL ALMARIO 251017				
				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	L. Dioso	2025-10-16	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1st				
2nd Verification of Action			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2nd				
3rd Verification of Action			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3rd				
Effectiveness of Action			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4th				
Remarks:				5th				

IV. CLOSURE

Status	Remarks		
Still Open	Revised why-why analysis and corrective action.		
Approved by:		Process Owner Acknowledgment: (Receiving Section)	
MICHAEL CASILLANO 251020 10:59 QA Head	N/A Top Management	N/A Line Leader	N/A Department Head
Date: 25252525-10-20	Date: -	Date: -	Date: -