

**KANE PACKAGE 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
0121	251105

Customer	SANYO DENKI PHILS INC.	Attention To	REXEL ALMARIO
Item Code	00902010-01	Department	PRODUCTION
Item Description	PRINT SPECIFICATION	Date of Detection	251024
Job Order Number	JO25-M-03229-74	Section Detected	QA SCREENING 2

ILLUSTRATION OF THE PROBLEM

Lot Quantity (pcs)	Reject Qty (pcs)	Reject %
1000	38	3.80

Nature of Defect:

MISALIGN PRINT

Requirement:

Solid black print within the folding line (Printing tolerance: +-3mm)

Actual

Misalign up to 5mm

NO. OF OCCURENCE	DISPOSITION	AREA OF OCCURENCE / ORIGIN	CONTENT
<input checked="" type="checkbox"/> First	<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 checked="" type="checkbox"/> EQOS <input type="checkbox"/> Diecut <input type="checkbox"/> Detaching	<input type="checkbox"/> Gluing <input type="checkbox"/> Vertical <input type="checkbox"/> Others
<input type="checkbox"/> Recurrence No.: <u>1</u> Date.: <u>251024</u>			<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 251105	CHARLENE JAN MARIE FLORES 251108	MICHAEL CASILLANO 251111	GERALD DE GUZMAN 251111

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

WHY 1 : W1 The volume of items loaded into the feeder is too heavy. r nW2 The operator fed the materials beyond the standard height limit of 300mm for EB flute. r nW3 The operator has difficulty checking the standard height limit marking from time to time during feeding.

Design / Toolings**Process / Material**



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

System / Training

WHY 1 : N/A

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: PR for Line Laser Marker to help operators easily identify the standard feeding height limit.

Production // 2025-12-12

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	N/A
RM	N/A	0	0	0	Total Good	N/A
WIP	N/A	0	0	0		
FG	N/A	0	0	0	Rework PPM (Good)	N/A

B. Orientation			
Date	2026-01-22	Time	20:10
Title	Production Weekly Assembly Meeting		
Attendees	All Production		

Prepared By:	Approved By:
GERALD DE GUZMAN 260120	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: -