

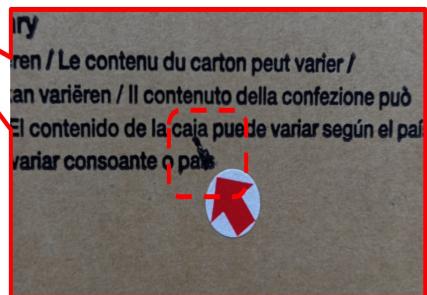
**KANE PACKAGE PHILIPPINE INC.**

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
0130	251218

Customer	BROTHER INDUSTRIES PHILIPPINES, INC.	Attention To	REXEL ALMARIO
Item Code	D037MH001.C1	Department	PRODUCTION
Item Description	CARTON DCP-J1460DW EU-C; A	Date of Detection	251211
Job Order Number	JO25-M-03625-55A	Section Detected	QA SCREENING 3

ILLUSTRATION OF THE PROBLEM

Lot Quantity (pcs)	Reject Qty (pcs)	Reject %
2400	106	4.42

Nature of Defect:

BLOTTED PRINT

Requirement:

Clear and readable characters

Actual

Characters are not readable due to blotted print

Requirement: Clear and readable characters**Actual:** Characters are not readable due to blotted print

NO. OF OCCURENCE	DISPOSITION	AREA OF OCCURENCE / ORIGIN	CONTENT
<input checked="" type="checkbox"/> First	<input type="checkbox"/> Hold	<input type="checkbox"/> Slotter	<input type="checkbox"/> Material
<input type="checkbox"/> Recurrence No.: <u>1</u>	<input type="checkbox"/> Special Acceptance	<input checked="" type="checkbox"/> EQOS	<input type="checkbox"/> Dimension
Date.: <u>251211</u>	<input type="checkbox"/> For Rework	<input type="checkbox"/> Vertical	<input type="checkbox"/> Appearance
	<input checked="" type="checkbox"/> Reject / Disposal	<input type="checkbox"/> Diecut	<input checked="" type="checkbox"/> Process / Method
		<input type="checkbox"/> Detaching	
Issued by	Checked by	Approved by	Received by (Receiving Section)
LESTER JOHN DIOSO 251218	CHARLENE JAN MARIE FLORES 260113	MICHAEL CASILLANO 260113	N/A

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

**INDIRECT CAUSE: (Analyze the reason of occurrence, why it leaked?)****System / Training****Design / Toolings****Process / Material****FINAL CONCLUSION****CORRECTIVE ACTION: (Actions to be done to ensure that the problem will not happen again)****WHO / WHEN****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					Total Good	
WIP						
FG					Rework PPM (Good)	

B. Orientation

Date		Time	
Title			
Attendees			
Prepared By:		Approved By:	
N/A		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: -