

**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

0150

260309

Customer	CANON BUSINESS MACHINE PHILS.	Attention To	REXEL ALMARIO
Item Code	RX1-5753-000	Department	PRODUCTION
Item Description	Z10_TRAY	Date of Detection	260225
Job Order Number	N/A	Section Detected	CUSTOMER

ILLUSTRATION OF THE PROBLEM

Lot Quantity (pcs)	Reject Qty (pcs)	Reject %
20	2	10.00

Nature of Defect:

NO CREASING LINE

Requirement:

CREASING LINE IS EASY TO FOLD

Actual

CREASING LINE IS SHALLOW, HARD TO FOLD

NO. OF OCCURENCE	DISPOSITION	AREA OF OCCURENCE / ORIGIN		CONTENT
<input type="checkbox"/> First <input checked="" type="checkbox"/> Recurrence No.: <u>2</u> Date.: <u>260217</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)	
CHARLENE JAN MARIE FLORES 260309	N/A	N/A	N/A	

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

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INVESTIGATION REPORT FORM (IRF)**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					Rework PPM (Good)	
FG						

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			[] 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
Cancelled IRF	

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: -