

**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

0159

260326

| | | | |
|------------------|------------------------|-------------------|---------------|
| Customer | SANYO DENKI PHILS INC. | Attention To | REXEL ALMARIO |
| Item Code | 00949344-01 | Department | PRODUCTION |
| Item Description | PRINT SPECIFICATION | Date of Detection | 260312 |
| Job Order Number | JO26-M-00318-298 | Section Detected | QA SCREENING |

ILLUSTRATION OF THE PROBLEM

| | | |
|--------------------|------------------|----------|
| Lot Quantity (pcs) | Reject Qty (pcs) | Reject % |
| 1646 | 66 | 4.01 |

Nature of Defect:

MISALIGN PRINT

Requirement:

10 MM WITH PLUS MINUS 3MM TOLERANCE ONLY

Actual

15 MM / 2MM

| NO. OF OCCURENCE | DISPOSITION | AREA OF OCCURENCE / ORIGIN | | CONTENT |
|--|--|---|---|--|
| <input checked="" type="checkbox"/> First <input type="checkbox"/> Recurrence No.: <u>1</u> Date.: <u>260312</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 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"/> Material <input checked="" type="checkbox"/> Dimension <input type="checkbox"/> Appearance <input type="checkbox"/> Process / Method |
| Issued by | Checked by | Approved by | Received by (Receiving Section) | |
| CHARLENE JAN MARIE FLORES 260326 | 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 |
|------------|---------|
| 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: - |