KANEPACKAGE PHILIPPINE INC.
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna
Telephone No. (049) 545-7166 to 69
Fax No. (049) 545-6302

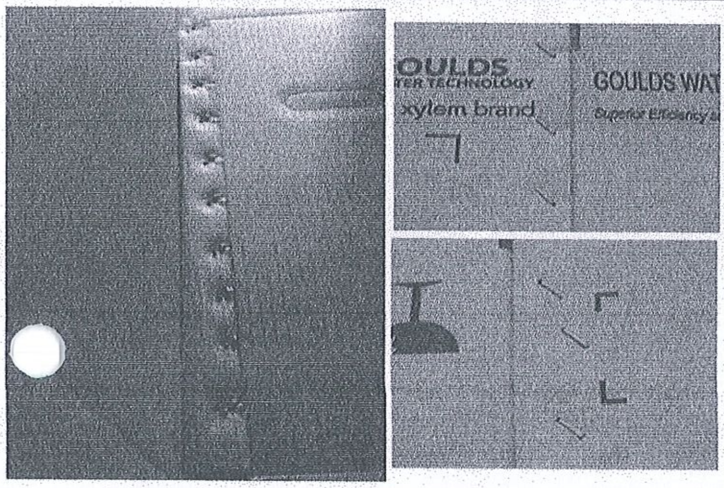
INVESTIGATION REPORT FORM (IRF)

■ Inhouse Detection ☐ Customer Claim

Control No.: 183 Date Issued: 20 02 20

Customer	SUPERFLEX	Attention To	Mr. Gerald De Guzman / Ms. Weena Apalla
Item Code	839N	Department	PRODUCTION
Item Description	OUTER BOX	Date of Detection	20 02 19
Job Order Number	WO-20-M-00238-2A	Section Detected	QA - SCREENING

ILLUSTRATION OF THE PROBLEM



■ Major ☐ Minor

Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
450	11	2.44%

Nature of Defect:

MISALIGN STITCHING

Requirement:

The stitching of the item should be in the middle align to each other

Actual:

The stitching of the item is not align on the glue tab

NO. OF OCCURRENCE	DISPOSITION	AREA OF OCCURRENCE / ORIGIN		CONTENT
■ First	☐ Hold	☐ Slotter	☐ Gluing	☐ Material
☐ Recurrence	☐ Special Acceptance	☐ EQOS	☐ Vertical	☐ Dimension
No.:________	☐ For Rework	☐ Diecut	■ Others:	■ Appearance
Date:________	■ Reject / Disposal	☐ Detaching	ARM STITCHING	☐ Process / Method

Issued by	Checked by	Approved by	Received by (Receiving Section)
Adrian Vergara QA-IE Staff	Mr. Roderick Ramos QA Supervisor	Mr. Rexel Almario QA Asst. Manager	Mr. Gerald De Guzman / Ms. Weena Apalla Head/ Supervisor

I. INVESTIGATION / ANALYSIS

	DIRECT CAUSE: (Analyze the reason of occurrence, why it happened?)	INDIRECT CAUSE: (Analyze the reason of occurrence, why it leaked?)
System / Training	Why 1: Why 2: Why 3: NOT A FACTOR Why 4: Why 5:	Why 1: Why 2: Why 3: NOT A FACTOR Why 4: Why 5:
Design / Toolings	Why 1: Why 2: Why 3: NOT A FACTOR Why 4: Why 5:	Why 1: Why 2: Why 3: NOT A FACTOR Why 4: Why 5:
Process / Material	Why 1: - IN ARM STITCHING MISALIGN STITCH Why 2: IS INHERENT Why 3: - NO MACHINE GUIDE TO HOLD THE ITEM Why 4: FOR THE ALLIGNMENT OF STITCH, UNLIKE TO TABLE STITCHING THAT HAVE Why 5: MACHINE GUIDE.	Why 1: - IN PRODUCTION SIDE WE JUDGE THIS Why 2: AS GOOD AS LONG THE STITCH HIT THE Why 3: GLUE TAB, BECAUSE MISALIGN Why 4: STITCH IS INHERENT IN ARM Why 5: STITCHING.

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FINAL CONCLUSION

OCCURRENCE ROOTCAUSE	OUTFLOW ROOTCAUSE
- NO MACHINE GUIDE TO HOLD THE ITEM WHY THE MISALIGN STITCH IS INHERENT IN ARM STITCHING.	- PRODUCTION JUDGE THIS AS GOOD AS LONG THE STITCH FIT THE GLUE TAB.

IMMEDIATE ACTION: (Action to be done to contain/ temporary correct the problem found)

A. Sorting Result

	Location	Total Stock	NG	Total Good
RM	N/A			
WIP	N/A			
FG	QA - SCREENING	450	11	439

B. Orientation

Date	N/A	Time	N/A
Title	N/A		
Attendees	N/A		

C. Reworking

Rework Quantity	N/A
Total Good	N/A
Rework Percentage (Good)	N/A

CORRECTIVE ACTION: (Actions to be done to ensure that the problem will not happen again)

	Actions to be done to eliminate recurrence	Who / When
System	N/A	
Design / Tools	N/A	
Process	- PUT NICK MARK IN CREASING LINE AS POKAYOKE MARK AND TRANSFER THE STITCHING PROCESS IN TABLE STITCHING TO ELIMINATE MISALIGN STITCH AND SKIP PROCESS OR NO STITCH.	PRODUCTION MPD NEXT RUNNING

II. QA ROOTCAUSE VERIFICATION (To be filled out by QA in-charge)

Date Conducted: 20 02 24 PIC: A. Vergara

Identified Rootcause	Recommendation
~No reference markings for stitching the item ~ No guide on the machine during stitching process	~ Machine transfer from Arm stitching to Table stitching, since table stitching has guide

III. CORRECTIVE ACTION VERIFICATION (To be filled out by QA In-charge)

	Checked by	Date	Implemented?	Remarks
1st Verification of Action	A. Vergara	20 02 27	[/] Yes [ ] No	CA is fully implemented
2nd Verification of Action			[ ] Yes [ ] No	
3rd Verification of Action			[ ] Yes [ ] No	
Effectiveness of Action	A. Vergara	20 06 15	[/] Yes [ ] No	CA is effective

QUALITY ASSURANCE DEPARTMENT
CLOSED
DATE AND SIGNATURE 200625

Note: If no same defects / problems occurs for 5 consecutive deliveries, corrective action is considered effective / closed. If the same problem occurs within 5 consecutive deliveries or 3rd verification of action still not yet implemented, Investigation Report shall be re-issued to the affected department to provide new improvement action.

IV. CLOSURE

Status:	Remarks:	Approved by:		Process Owner Acknowledgment: (Receiving Section)	
[/] Closed [ ] Still Open [ ] Re-Issue IRF		QA Supervisor Date: 20 07 08	QA Asst. Manager Date: 20 07 08	Line Leader Date: 200713	Department Head Date: 20 07 13