

002210


**KANEPACKAGE PHILIPPINE INC.**

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

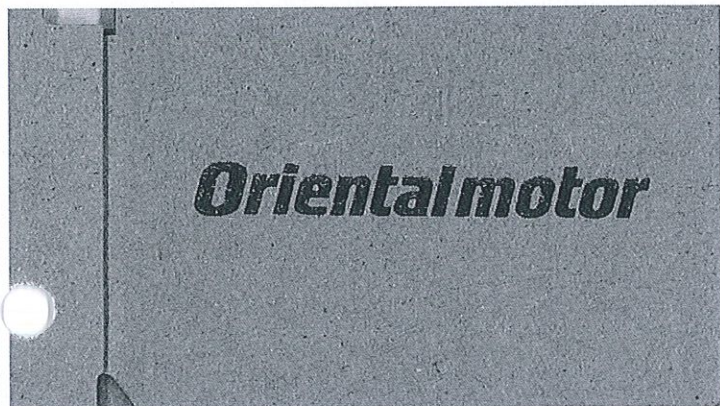
**INVESTIGATION REPORT FORM (IRF)**
☒ Inhouse Detection

☐ Customer Claim

Control No.: 188

Date Issued: 20 02 20

Customer	KOYAMA	Attention To	Mr. Gerald De Guzman / Ms. Weena Apalla
Item Code	PKC0G801	Department	PRODUCTION
Item Description	INNER BOX	Date of Detection	20 02 20
Job Order Number	WO-20-M-00241-10	Section Detected	QA - SCREENING

**ILLUSTRATION OF THE PROBLEM**

☐ Major ☒ Minor

Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
2,000	31	1.55%

**Nature of Defect:**

Poor Print

**Requirement:**

No spotting on the text of the item

**Actual:**

The logo has spotting

NO. OF OCCURRENCE	DISPOSITION	AREA OF OCCURRENCE / ORIGIN	CONTENT
<input checked="" type="checkbox"/> First <input type="checkbox"/> Recurrence No.: _____ Date: _____	<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"/> Gluing <input checked="" type="checkbox"/> EQOS <input type="checkbox"/> Vertical <input type="checkbox"/> Diecut <input type="checkbox"/> Others: <input type="checkbox"/> Detaching	<input type="checkbox"/> Material <input type="checkbox"/> Dimension <input checked="" type="checkbox"/> Appearance <input type="checkbox"/> 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:	NOT A FACTOR	Why 1:	NOT A FACTOR
	Why 2:		Why 2:	
	Why 3:		Why 3:	
	Why 4:		Why 4:	
	Why 5:		Why 5:	
Design / Toolings	Why 1:	NOT A FACTOR	Why 1:	NOT A FACTOR
	Why 2:		Why 2:	
	Why 3:		Why 3:	
	Why 4:		Why 4:	
	Why 5:		Why 5:	
Process / Material	Why 1:	PLS. SEE ATTACHED	Why 1:	PLS. SEE ATTACHED
	Why 2:		Why 2:	
	Why 3:		Why 3:	
	Why 4:		Why 4:	
	Why 5:		Why 5:	



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**INVESTIGATION REPORT FORM (IRF)****FINAL CONCLUSION****OCCURRENCE ROOTCAUSE**

- THE INK DRIED FAST IN THE CYREL  
BECAUSE OF SEVERAL MACHINE  
STOP DUE TO WARP MATERIALS.

**OUTFLOW ROOTCAUSE**

NOT DETECTED 100% ALL THE AFFECTED  
BECAUSE ONLY SAMPLING ARE REQUIRED  
TO THEM.

**IMMEDIATE ACTION: (Action to be done to contain/ temporary correct the problem found)****CORRECTIVE ACTION: (Actions to be done to ensure that the problem will not happen again)****A. Sorting Result****Actions to be done to eliminate recurrence****Who / When**

	Location	Total Stock	NG	Total Good
RM	N/A			
WIP	N/A			
FG	QA - SCREENING	2,000	31	1969

**System**

N/A

**B. Orientation**

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

**Design / Tools**

N/A

**C. Reworking**

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

**Process**

PLS. SEE ATTACHED

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

Date Conducted: 10 02 27 PIC: A. Vergara

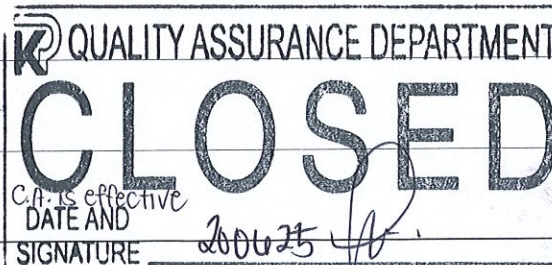
**Identified Rootcause****Recommendation**

~ Insufficient volume of ink applied by rubberdie  
because the rubber die is contaminated by dirt /  
fibers

~ clean the affected rubber die to remove the  
dirt / fibers

**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 28	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	QA is fully implemented
2nd Verification of Action			<input type="checkbox"/> Yes <input type="checkbox"/> No	
3rd Verification of Action			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Effectiveness of Action	A. Vergara	20 06 12	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	



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)
<input checked="" type="checkbox"/> Closed			
<input type="checkbox"/> Still Open			
<input type="checkbox"/> Re-Issue IRF		Date: 20 07 08	Date: 20 07 13



Ans 256



- > Clean immediately the cyrel upon detection.

Target Date: 200227 (Done)

PIC: Sales, Purchasing, MPD, Warehouse, QA and Production.