



# 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.: 205

Date Issued: 20 03 09

Customer: SANYO DENKI  
Item Code: 00677758-01  
Item Description: PACKAGE  
Job Order Number: WO-DRS-20-M-00302-18 / 19

Attention To: Mr. Gerald De Guzman / Ms. Weena Apalla  
Department: PRODUCTION  
Date of Detection: 20 03 07  
Section Detected: GLUING - SEMI AUTO

### ILLUSTRATION OF THE PROBLEM



☐ Major ☒ Minor

Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
1,000	41	4.10%

Nature of Defect:

TEAR-OFF

Requirement:

Not acceptable in any occurrence (As per SDP Defect Limit Criteria)

Actual:

W/ tear-off on the flap

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 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 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	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:	Why 4:	Why 5:
			NOT A FACTOR		

Design / Toolings	Why 1:	Why 2:	Why 3:	Why 4:	Why 5:
			NOT A FACTOR		

Process / Material	Why 1:	Why 2:	Why 3:	Why 4:	Why 5:
			PLS. SEE ATTACHED		

Why 1:	Why 2:	Why 3:	Why 4:	Why 5:
		NOT A FACTOR		



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

- THE PART OF STACKING UNIT GOT LOOSED AND MOVE WHY DURING PHOCESS, IT ACCIDENTALLY HIT THE ITEM.

**OUTFLOW ROOTCAUSE**

- OPERATOR DONT HAVE ENOUGH TIME TO STOP THE STACKING UNIT BECAUSE THE MACHINE IS IN AUTOMATIC MODE.

**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**

	Location	Total Stock	NG	Total Good
RM	N/A			
WIP	N/A			
FG	QA - IN LINE	1,000	41	959

**Actions to be done to eliminate recurrence****Who / When**

System

N/A

Design / Tools

N/A

Process

PLS. SEE ATTACHED

**B. Orientation**

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

**C. Reworking**

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

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

Date Conducted: 20 03 10

PIC: A. Vergara

**Identified Rootcause****Recommendation**

~ The screw on the stacker height elongates due to it was loose during running & when the stacker height move downwards the WIP beside the stacker got hit

~ Fixing the location of the of the hang 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 03 10	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CA is already implemented
2nd Verification of Action			<input type="checkbox"/> Yes <input type="checkbox"/> No	<div>QUALITY ASSURANCE DEPARTMENT</div> <div>CLOSED</div> <div>DATE AND SIGNATURE 200804</div>
3rd Verification of Action			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Effectiveness of Action	A. Vergara	20 07 10	<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.

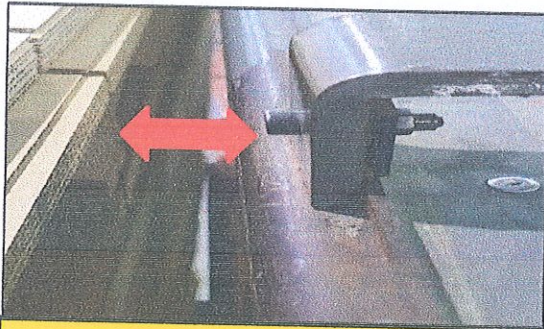
**IV. CLOSURE**

Status:	Remarks:	Approved by:	Process Owner Acknowledgment: (Receiving Section)
<input checked="" type="checkbox"/> Closed		NOEMI V. CEPEDA	IRISH MAY L. ESTAREJA
<input type="checkbox"/> Still Open		QA Supervisor	Line Leader
<input type="checkbox"/> Re-Issue IRF		QA Asst. Manager	Department Head
		Date: 200805	Date: 200805



# INVESTIGATION REPORT FOR TEAR-OFF OF SANYO DENKI 00677758-01

<b>DIRECT CAUSE</b> PROCESS/MATERIAL	<b>W1</b> - The part of stacking unit of Eqos got loosed due to machine vibration
	<b>W2</b> - It was accidentally hit the pile of this item in Stacking unit during processed that caused Tear-Off.



Correct position of Stacking Unit Part



Stacking Unit Part move due to machine vibration and hit the items

<b>INDIRECT CAUSE</b> PROCESS/MATERIAL	<b>W1</b> - Operator did not notice that the Allen wrench screw of that part got loosed due to machine vibration.
	<b>W2</b> - Operator don't have enough time to stop the Stacking Unit that time, because the machine is in automatic mode.

## CORRECTIVE ACTION

> Tighten the Allen wrench screw of that part and put super glue to lock it tight.

PIC: Production

Target Date: 2003010 (done)

