

**KANEPACKAGE PHILIPPINE INC.**

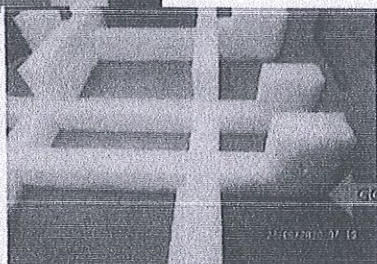
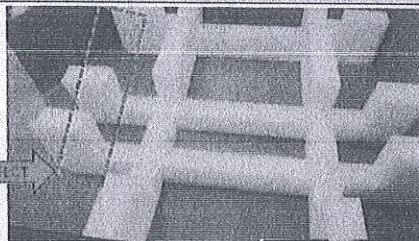
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna
Telephone No. (049) 545-7166 to 69
Fax No. (049) 545-6302

INVESTIGATION REPORT FORM (IRF)☒ Inhouse Detection☐ Customer Claim

Control No.: 228

Date Issued: 20 06 23

Customer	CANON	Attention To	Mr. Gerald De Guzman / Ms. Weena Apalla
Item Code	RJ1-0926	Department	PRODUCTION
Item Description	REAR DOOR ASSY	Date of Detection	20 06 22
Job Order Number	WO-F-20-071-4B	Section Detected	QA - SCREENING

ILLUSTRATION OF THE PROBLEM☒ Major☐ Minor

Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
115	115	100.00%

Nature of Defect:

WRONG ASSEMBLY

Requirement:

Chamfer should be located on the right part

Actual:

Chamfer is located on the left side

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 checked="" type="checkbox"/> For Rework <input type="checkbox"/> Reject / Disposal	<input type="checkbox"/> Slotter <input type="checkbox"/> EQOS <input type="checkbox"/> Diecut <input type="checkbox"/> Detaching <input type="checkbox"/> Gluing <input type="checkbox"/> Vertical <input checked="" type="checkbox"/> Others: PARTITION	<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. 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	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	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: PLS. SEE ATTACHED

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

- BASED ON STANDARD OPERATOR RELY THE ASSEMBLY ON APPROVED SAMPLE BUT SUDDENLY THE SAMPLE IS WRONG ASSY.

OUTFLOW ROOTCAUSE

- THE POSITION OF CHAMFER IN THE DRAWING IS NOT CLEAR.

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	PART N	115	115	0
FG	N/A			

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

System

N/A

B. Orientation

Date	N/A	Time	N/A
Title	N/A		
Issues	N/A		

Design / Tools

N/A

C. Reworking

Rework Quantity	115 PCS
Total Good	115 PCS
Rework Percentage (Good)	100.00%

Process

PLS. SEE ATTACHED

II. QA ROOTCAUSE VERIFICATION (To be filled out by QA In-charge)Date Conducted: A. Vergara 20 Dec 25 PIC: A. Vergara**Identified Rootcause****Recommendation**

~ Wrong assembly of cushion because the chamfer was located on the backpart of the assembly. The chamfer was not visible on the assembly drawing

~ change the view of the assembly drawing where the chamfer is visible

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

	Checked by	Date	Implemented?	Remarks
1st Verification of Action	A. Vergara	20 Dec 26	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Item view was changed already
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 Dec 08	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	C.A. is effective

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	QUALITY ASSURANCE DEPARTMENT	<u>[Signature]</u> QA Supervisor	<u>[Signature]</u> Line Leader
<input type="checkbox"/> Still Open		<u>[Signature]</u> QA Asst. Manager	<u>[Signature]</u> Department Head
<input type="checkbox"/> Re-Issue IRF			
	Date: 21 04 14	Date: 21 04 14	Date: 21 04 14

DATE AND
SIGNATURE

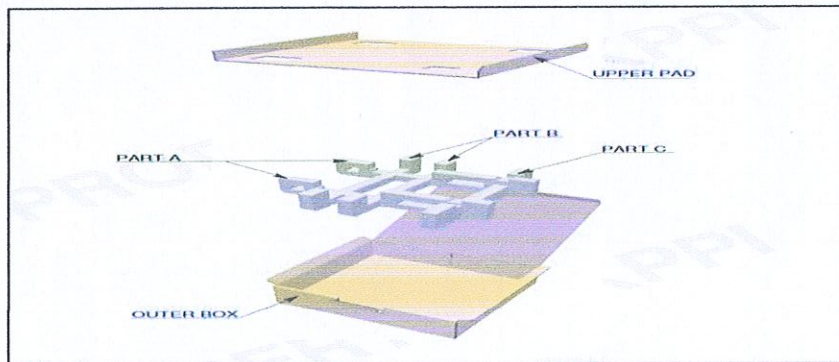
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INVESTIGATION REPORT FOR WRONG ASSEMBLY OF CBMP RJ1-0926 REAR DOOR ASSY

DIRECT CAUSE PROCESS/MATERIAL	W1- The Part-B & C chamfer located on left side during assembly, instead on right side.
	W2- Operator Rely the assembly base on Approved Sample of QA, based on Standard.
	W3- The approved sample is wrong assembly.



INDIRECT CAUSE PROCESS/MATERIAL	W1- QA approved the sample with wrong assembly.
	W2- Operator make a sample with wrong position of chamfer.
	W3- The position of Chamfer in the drawing is not clear.



CORRECTIVE ACTION

Indicate the clear instruction of chamfer position in the drawing.

PIC:	Design	TARGET DATE:	200626
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Orientation and awareness to operator regarding checkpoint of this item during assembly.

PIC:	Production	TARGET DATE:	200626
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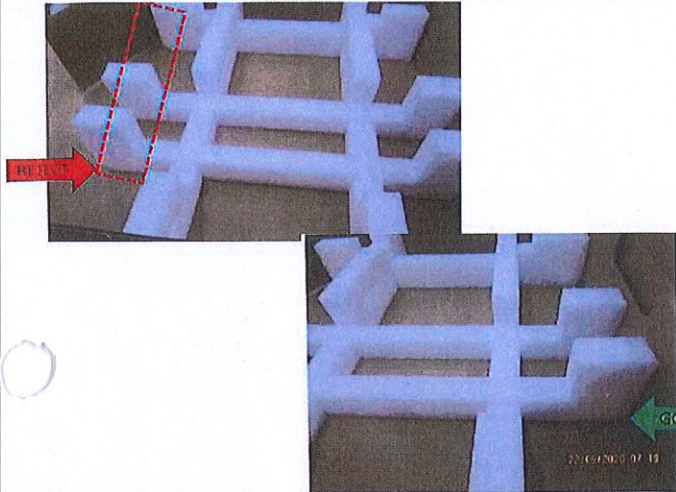
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INVESTIGATION REPORT FORM (IRF)☒ Inhouse Detection☐ Customer Claim

Control No.: 228

Date Issued: 23-Jun-20

Customer	CANON	Attention To	MR. Rexel Almario
Item Code	RJ1-0926	Department	KPLAGUNA-QA
Item Description	REAR DOOR ASSY	Date of Detection	22-Jun-20
Job Order Number	WO-F-20-071-48	Section Detected	QA-SCREENING

ILLUSTRATION OF THE PROBLEM☒ Major☐ Minor

Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
115	115	100.00%

Nature of Defect:

WRONG ASSEMBLY

Requirement:

Chamfer should be located on the right part

Actual:

Chamfer was located on the left side

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 checked="" type="checkbox"/> For Rework <input type="checkbox"/> Reject / Disposal	<input type="checkbox"/> Slotter <input type="checkbox"/> EQOS <input type="checkbox"/> Diecut <input type="checkbox"/> Detaching <input type="checkbox"/> Gluing <input type="checkbox"/> Vertical <input checked="" type="checkbox"/> Others: PARTITION	<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	 Rexel Almario QA Asst. Manager	 Rexel Almario 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: N/A 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: N/A Why 4: Why 5:	Why 1: QA inspector assigned approved wrong assy of the item Why 2: QA inspector didn't notice the chamfer location must be on the right part Why 3: Chamfer location in the Drawing Assembly is not visible Why 4: Why 5:
Process / Material	Why 1: Why 2: Why 3: N/A Why 4: Why 5:	Why 1: Why 2: Why 3: NOT A FACTOR Why 4: Why 5:

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

N/A

OUTFLOW ROOTCAUSE

~ The QA Inspector approve the sample w/ wrong chamfer positioning since in the assembly drawing it is not visible

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	-	-	-	-
WIP	-	-	-	-
FG	-	-	-	-

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

System	1. Re-educate involved QA inspector regarding critical / checkpoints of the item	R. Almario 20 06 25
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B. Orientation

Date	N/A	TIME	N/A
Title	N/A		
Indees	N/A		

Design / Tools	1. Propose to change the view of the assembly drawing to let the QA and Production see the chamfer and phasing of components after assembly 2. Provision of " JIG " as pattern of QA inspector during approval of the item	A. Vergara 20 06 26
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C. Reworking

Rework Quantity	115 PCS
Total Good	115 PCS
Rework Percentage (Good)	100%

Process	NOT A FACTOR
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II. QA ROOTCAUSE VERIFICATION (To be filled out by QA In-charge)

Date Conducted: 20 06 29 PIC: A. Vergara

Identified Rootcause**Recommendation**

~ The assembly operator did the wrong the assy because the sample was approved by QA, it was approved because the positioning of chamfer is not visible in the drawing

~ Change the view of the assembly drawing
~ Provision of dig

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

	Checked by	Date	Implemented?	Remarks
1st Verification of Action	A. Vergara	20 06 30	[] Yes [X] No	~ change assy view is not yet done ~ dig is already fabricated
2nd Verification of Action	A. Vergara	20 07 01	[X] Yes [] No	~ change assy view is done & uploaded to the system
3rd Verification of Action			[] Yes [] No	
Effectiveness of Action	A. Vergara	21 02 08	[X] Yes [] No	C.A. is implemented

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

QUALITY ASSURANCE DEPARTMENT	Approved by:	Process Owner Acknowledgment: (Receiving Section)
<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Still Open <input type="checkbox"/> Re-issues IRF	QA Supervisor: Date: 21/04/14	Line Leader: Date: 21/04/14 Department Head: Date: 21/04/14

DATE AND SIGNATURE:
21 04 14