

**KANEPACKAGE PHILIPPINE INC.**

No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna

Telephone No. (049) 545-7166 to 69

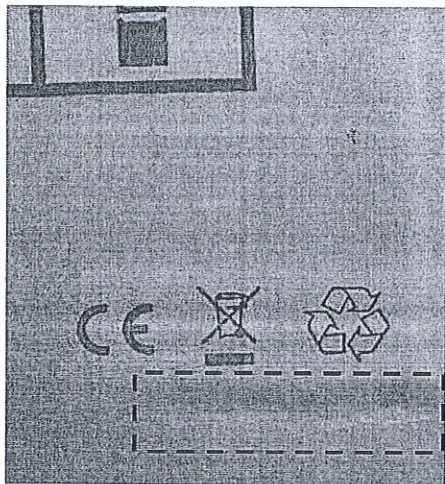
Fax No. (049) 545-6302

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

Control No.: 232

Date Issued: 20 06 29

Customer	SHIMADZU	Attention To	Mr. Gerald De Guzman / Ms. Weena Apalla
Item Code	321-73479	Department	PRODUCTION
Item Description	AU SERIES CAREMARK	Date of Detection	20 06 27
Job Order Number	WO-20-R-123-4	Section Detected	PRD - GLUING

ILLUSTRATION OF THE PROBLEM☐ Major ☐ Minor

Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
60	40	66.67%

Nature of Defect:

PEEL OFF (INK STAIN)

Requirement:

No Ink stain and Peel off

Actual:

With Peel off due to ink stain

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 Almaric 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: N/A Why 4: Why 5:	Why 1: Why 2: Why 3: N/A Why 4: Why 5:	
Design / Toolings	Why 1: Why 2: Why 3: N/A Why 4: Why 5:	Why 1: Why 2: Why 3: N/A Why 4: Why 5:	
Process / Material	Why 1: Why 2: Why 3: PLS. SEE ATTACHED Why 4: Why 5:	Why 1: Why 2: Why 3: PLS. SEE ATTACHED Why 4: Why 5:	

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

- PEEL OFF OCCURS DUE TO REWORK OF INK STAIN
 - INK STAIN OCCURS DUE TO DETACH ADHESIVE OF THE CYREL.

OUTFLOW ROOTCAUSE

- INK STAIN OCCURS DURING MIDDLE OF MASS PRODUCTION, OPERATOR NOTICE THE INK STAIN AND IMMEDIATE PUT PAPER TAPE IN THE CYREL.

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	PRD-GLWING	60	20	20
FG	N/A			

System

N/A

B. Orientation

Date	N/A	Time	N/A
Title	N/A		
Pages	N/A		

Design / Tools

N/A

C. Reworking

Rework Quantity	40 PCS.
Total Good	40 PCS.
Rework Percentage (Good)	0.00 %

Process

PLS. SEE ATTACHED

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

Date Conducted: 20 Dec 30

PIC: A. Vergara

Identified Rootcause

The ink off from the ink roller attached on the excess part of the rubber die because the affected part was partially detached because the gets weak

Recommendation

Used liquid adhesive (Apply on the edges of the rubber die)

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

	Checked by	Date	Implemented?	Remarks
1st Verification of Action	A. Vergara	20 07 02	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	C.A. & Recommendation is 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 09 12	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	C.A. is effective

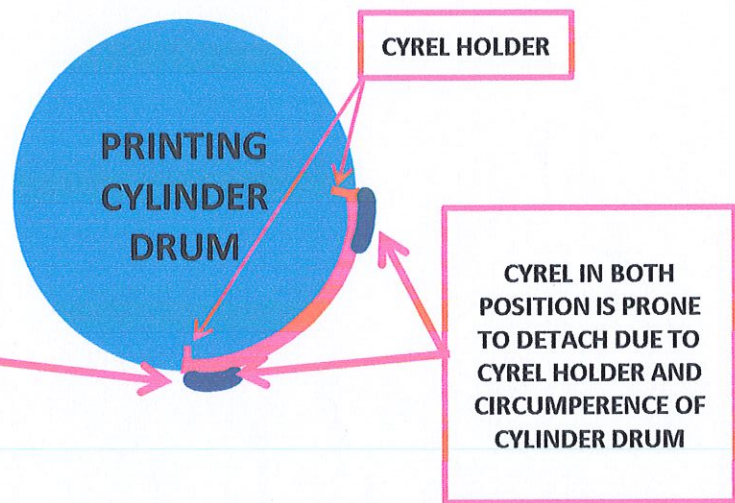
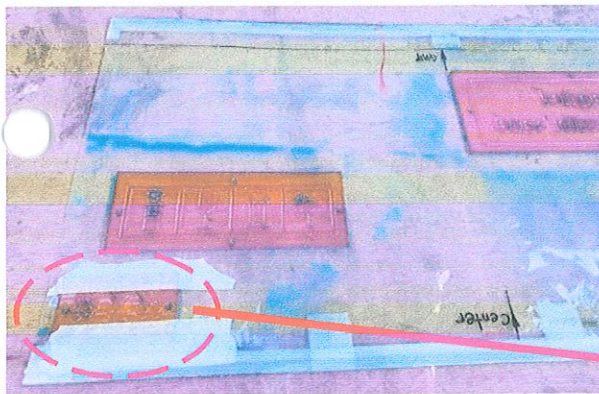
Note: If no same defects / problems occurs for 5 consecutive deliveries, corrective action is considered effective / closed. If the same problem occurs within 5 consecutive deliveries or 3rd verification of action still not yet implemented, Investigation Report shall be re-issued to the affected department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

IV. CLOSURE

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

INVESTIGATION REPORT FOR PEEL OFF (INK STAIN) OF SHIMADZU 321-73479 AU SERIES CAREMARK

DIRECT CAUSE PROCESS/MATERIAL	W1- Peel Off occurs due to rework of Ink stain by scratching the affected surface using cutter blade.
	W2- Rework are so visible why the QA judge as reject.
	W1- Ink Stain occurs due to detach adhesive of the cyrel.
	W2- Cyrel layout for the affected character is prone to detach.
	W3- The cyrel of affected character place near in mylar stick (almost 50mm distance) and also near in cyrel holder in printing cylinder drum, why it has prone to detach during running.



INDIRECT CAUSE PROCESS/MATERIAL	W1 - Ink stain occurs during middle of mass production, operator notice the ink stain and immediately put paper tape in the cyrel. Leader in-charge inform that the items need to rework.
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CORRECTIVE ACTION

Change the mylar from 500mm to 1000mm and re-layout the cyrel in the center of mylar.

PIC:	Production tooling / Design	TARGET DATE:	200701
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Always consider the 100mm minimum distance of cyrel in the mylar edge or stick.

PIC:	Design / Production Tooling	TARGET DATE:	200701
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