


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

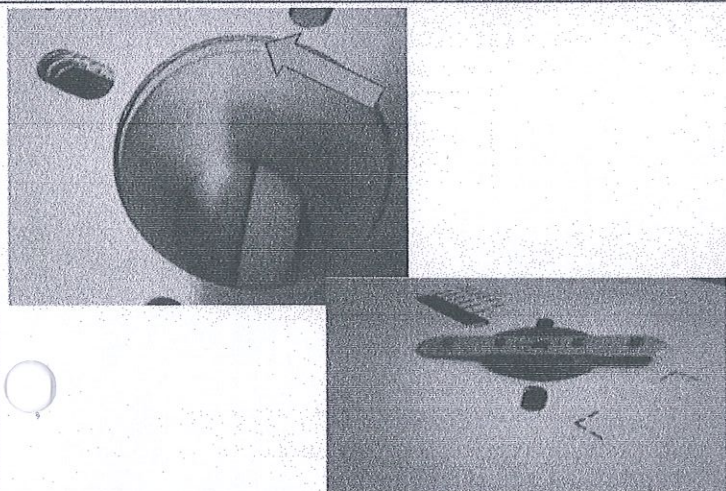
INVESTIGATION REPORT FORM (IRF)
☐ Inhouse Detection

☒ Customer Claim

Control No.: 244

Date Issued: 20 07 09

Customer	NIHON GARTER	Attention To	Mr. Gerald De Guzman / Ms. Weena Apalla
Item Code	R570CBF77-100	Department	PRODUCTION
Item Description	PAPER REEL WITH PRINT	Date of Detection	20 07 09
Job Order Number	WO-20-R-120-3	Section Detected	CUSTOMER - NIHON

ILLUSTRATION OF THE PROBLEM


<input checked="" type="checkbox"/> Major	<input type="checkbox"/> Minor	
Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
210	3	1.43%
Nature of Defect:		
Misalign Core		
Requirement:		
Core and flange should be in the same position		
Actual:		
Core is visible outside of the flange		

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"/> EQOS <input type="checkbox"/> Diecut <input type="checkbox"/> Detaching <input type="checkbox"/> Gluing <input type="checkbox"/> Vertical <input checked="" type="checkbox"/> Others: Spinboard	<input type="checkbox"/> Material <input checked="" 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: N/A	Why 1: Why 2: Why 3: Why 4: Why 5: N/A	
Design / Toolings	Why 1: Why 2: Why 3: Why 4: Why 5: N/A	Why 1: Why 2: Why 3: Why 4: Why 5: N/A	
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****OUTFLOW ROOTCAUSE**

FLANGE SLIP WHEN OPERATOR PUT
WEIGHT JIG.

NO REQUIRED 100% CHECKING AFTER
CURING TIME.

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	N/A			

System

N/A

B. Orientation

Date	Time
N/A	N/A
Title	N/A
Issues	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: 200713

PIC: A. Vergara

Identified Rootcause**Recommendation**

The flange slipped from the core when the operator put weight jig in the item because the glue was not yet fully dried. No jigs that was used during curing time

Provision of additional jig that can be used during assembly to prevent misalign gluing of insert pad

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 13	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	C.A. is implemented (except for 2nd CA since it will not be pursue)
2nd Verification of Action	A. Vergara	26 07 17	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Recommendation is implemented.
3rd Verification of Action			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Effectiveness of Action	A. Vergara	20 12 16	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	C.A. & Recommendation 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		Approved by:		Process Owner Acknowledgment: (Receiving Section)	
<input checked="" type="checkbox"/> Closed	CLOSED	QA Supervisor	QA Asst. Manager	Line Leader	Department Head
<input type="checkbox"/> Still Open		Date: 21 01 11	Date: 21 01 11	Date: 21 01 11	Date: 21 01 11
<input type="checkbox"/> Re-Issue IRF					
DATE AND SIGNATURE <u>[Signature]</u> 21 01 09					

INVESTIGATION REPORT FOR MISALIGN CORE OF NIHON GARTER R570CBF77-100 PAPER REEL WITH PRINT

DIRECT CAUSE PROCESS/MATERIAL	W1- Before the applied glue in the core got dried, operator need to put weight jig to the items.
	W2- Possible that the flange slip when operator put weight jig in the item, because the glue was not yet fully dried.

INDIRECT CAUSE PROCESS/MATERIAL	W1- No occurrence of misalign core during Trial run and Sampling.
	W2- No required 100% checking after curing time.

CORRECTIVE ACTION

For immediate corrective action operator conduct 100% fitting of jig after curing time.			
PIC:	PRODUCTION	TARGET DATE:	200714 (orientation)

Other jig can use during curing time			
PIC:	PRODUCTION, QA & ME	TARGET DATE:	

PREPARED BY:


GERALD DE GUZMAN
PROD ASST. SUPERVISOR

APPROVED BY:

WEENA V. APALLA
SR. SUPERVISOR