

**KANEPACKAGE PHILIPPINE INC.**

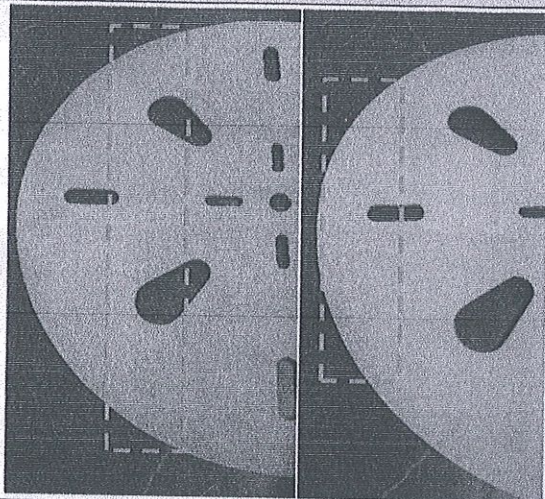
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna
Telephone No. (049) 545-7166 to 69
Fax No. (049) 545-6302

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

Control No.: 247

Date Issued: 20 07 13

Customer	NIHON GARTER	Attention To	Mr. Gerald De Guzman / Ms. Weena Apalla
Item Code	R57227BF-150	Department	PRODUCTION
Item Description	PAPER REEL W/O PRINT	Date of Detection	20 07 11
Job Order Number	WO-20-R-125-2B	Section Detected	PRD - DIECUT

ILLUSTRATION OF THE PROBLEM☐ Major☒ Minor

Lot Quantity (pcs.)

74

Reject Quantity (pcs.)

66 49

Reject Percentage

89.19% 66.22%

Nature of Defect:

SCORING

Requirement:

No presence of scoring on the flange

Actual:

W/ end to end scoring on 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 checked="" type="checkbox"/> Diecut S1700 <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 Almaro 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**

~scoring occurs due to compression of the sponge to materials

OUTFLOW ROOTCAUSE

~The defect become worse because of handling and transferring process from 1 section to another section

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	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		
Asses	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: 20 07 16

PIC: A. Vergara

Identified Rootcause**Recommendation**

~Over compression of materials since the cushion thickness is 12mm. The wood thickness is 18mm while the elevation of the blade from the wood is 5mm.

~ change the cushion layout wing operan w/ 5mm thickness

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 16	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	C.A. is implemented. Re-verification is done
2nd Verification of Action	A. Vergara	20 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

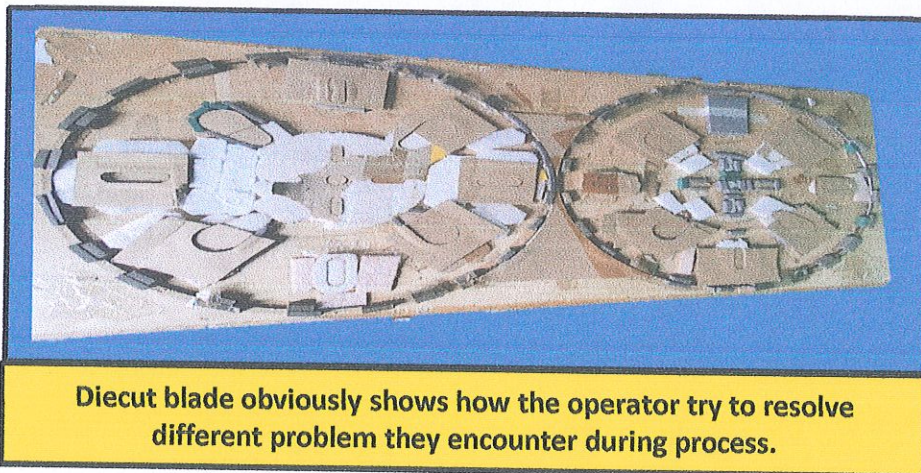
Note: If no same defects / problems occurs for 5 consecutive deliveries, corrective action is considered effective / closed. If the same problem occurs within 5 consecutive deliveries or 3rd verification of action still not yet implemented, Investigation Report shall be re-issued to the affected department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

IV. CLOSURE

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

INVESTIGATION REPORT FOR SCORING OF NIHON GARTER R57227BF-150 PAPER REEL W/O PRINT

DIRECT CAUSE PROCESS/MATERIAL	W1- Scoring occurs randomly in both surface of items during diecut process,
	W2- This time the impact of pressure in materials occurs scoring and wrinkled.
	W3- Problem depend in materials condition because sometimes the problem is bursting, why the layout of sponge in die-blade is depend on what problem they encounter in materials.



INDIRECT CAUSE PROCESS/MATERIAL	W1- Even diecut operator conducted different adjustment in die-blade, but still there is randomly occurrence of light scoring.
	W2- Light scoring become worst due to handling or transfer of items to other process.

CORRECTIVE ACTION

Conduct more deeper investigation regarding this problem, because diecut operator encounter different problem depend in materials condition and the corrective action between scoring and bursting is different.			
PIC:	3PM TEAM	TARGET DATE:	20 07 17

Orientation awareness to all process of this item, for them to be careful in handling this item.			
PIC:	PRODUCTION	TARGET DATE:	200716

PREPARED BY:

[Signature]
GERALD DE GUZMAN
PROD ASST. SUPERVISOR

APPROVED BY:

[Signature]
WEENA V. APALLA
SR. SUPERVISOR