


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

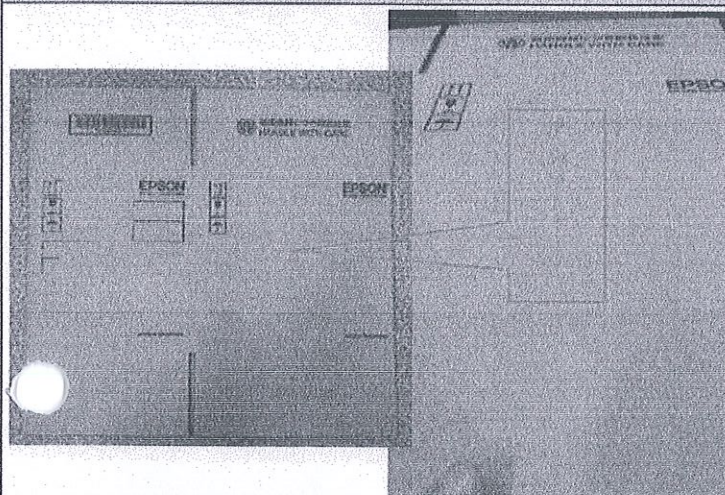
INVESTIGATION REPORT FORM (IRF)
☒ Inhouse Detection

☐ Customer Claim

Control No.: 267

Date Issued: 20 08 10

Customer	EPSON IJP	Attention To	Mr. Gerald De Guzman
Item Code	5150864-01	Department	PRODUCTION
Item Description	INDIVIDUAL BOX	Date of Detection	20 08 08
Job Order Number	WO-20-L-0068-28	Section Detected	QA - IN LINE

ILLUSTRATION OF THE PROBLEM


<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor	
Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
2,111	60	2.84%

Nature of Defect:

GLUE STAIN

Requirement:

No excess glue or glue contamination on the item

Actual:

W/ contamination of glue

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 checked="" 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	 Ms. Noemi Cepeda QA Supervisor	 Mr. Rexel Almario QA Asst. Manager	 Mr. Gerald De Guzman 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**

THE GLUE APPLICATION CONTROLLER IS ALREADY WORN-OUT WHY THE FLOW OF GLUE IN GLUE APPLICATOR ROLLER IS THICK AND HARD TO CONTROL.

OUTFLOW ROOTCAUSE

EVEN OPERATOR WIPE THE EXCESS GLUE THE STAIN WILL REMAIN.

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		
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: 20 08 12

PIC: A. Vergara

Identified Rootcause**Recommendation**

The glue on the glue tab overflowed because the applied glue by the gluing applicator is thick since the gluing applicator controller is worn-out

> Replace the worn-out gluing applicator controller
> Include in Daily maintenance checksheet

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

	Checked by	Date	Implemented?		Remarks
1st Verification of Action	A. Vergara	20 08 13	[] Yes	[X] No	Request replacement of the affected part to engineering
2nd Verification of Action	A. Vergara	20 08 20	[X] Yes	[] No	C.A. is implemented
3rd Verification of Action			[] Yes	[] No	
Effectiveness of Action	A. Vergara	20 09 16	[X] Yes	[] 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				
<input type="checkbox"/> Still Open		QA Supervisor		Line Leader	Department Head
<input type="checkbox"/> Re-Issue IRF		Date: 21 01 11		Date: 21 01 11	Date: 21 01 11

DATE AND
SIGNATURE

21 01 09

INVESTIGATION REPORT FOR GLUE STAIN OF EPSON IJP 5150864-01 INDIVIDUAL BOX

DIRECT CAUSE PROCESS/MATERIAL	W2- The glue stain occurs due to leak of excess glue in the glue tab during piling.
	W1- The application of glue in the glue tab is so thick.
	W3- The supplied of glue from Glue Applicator Roller is thick.
	W4- The Glue Application Controller is already worn-out and subject for replacement why the flow of glue in glue applicator roller is thick and hard to control.



GLUE APPLICATION CONTROLLER


INDIRECT CAUSE PROCESS/MATERIAL	W1- Even operator wipe the excess glue the stain will remain
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CORRECTIVE ACTION


Request for the replacement of Glue Application Controller.			
PIC:	PRODUCTION	TARGET DATE:	DONE 200803

Operator do temporary remedy in Glue Application Controller to control the flow of glue.			
PIC:	PRODUCTION	TARGET DATE:	ON-GOING

PREPARED BY:


GERALD DE GUZMAN
 PROD. ASST. SUPERVISOR

APPROVED BY:


WEENA V. APALLA
 GR. SUPERVISOR



KANEPACKAGE PHILIPPINE, INC.

WORK REQUEST
ENGINEERING & MAINTENANCE DEPARTMENT

Control No.: 1122

ORIGINATOR TO FILL-UP SPACE BELOW					
<input checked="" type="checkbox"/> Machine	<input type="checkbox"/> Air Conditioning Unit	<input type="checkbox"/> Facility			
<input type="checkbox"/> Equipment / Lifter	<input type="checkbox"/> Fan / Blower	<input type="checkbox"/> Mechanical			
<input type="checkbox"/> Electrical	<input type="checkbox"/> Office Equipment	<input type="checkbox"/> Others			

Unit Name: SEMI-AUTO GLUING	Department / Area: PRODUCTION	Plate No. / Ref No:
Model:	Location: KPPI-BAGUNA	Date Needed: A S A D

REQUEST / COMPLAINTS (State the problem / Failure / Observation / Request / Others / Attach drawing if necessary)

SEMI-AUTO GLUING GLUE APPLICATOR

Originator:	Approved by:	Received by(Engineering):
Signature over Printed Name & Date	Signature over Printed Name & Date	Signature over Printed Name & Date

ENGINEERING TO FILL-UP SPACE BELOW			
<input type="checkbox"/> In- house	<input type="checkbox"/> Service Provider		
Date Requested		Date Started	
Schedule Date		Date Completed	
Work Description (Action to be taken)			

Material / Parts Usage

No	Descriptions / Specifications	Qty	Unit	Total Cost

Service Provider / Other Cost

No	P.O. No	Qty	Unit	Total Cost

Status of Work Request

<input type="checkbox"/> Ongoing	<input type="checkbox"/> Hold	<input type="checkbox"/> Other
Remarks:		

Assign To / Done By:	Checked by:	Accepted by (Originator)
Signature over Printed Name & Date	Signature over Printed Name & Date	Signature over Printed Name & Date

SEMI-AUTO GLUING (GLUE APPLICATOR)

