


**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

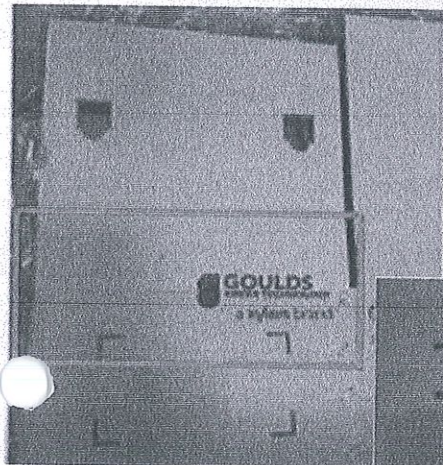
**INVESTIGATION REPORT FORM (IRF)**
☐ Inhouse Detection

☒ Customer Claim

Control No.: 268

Date Issued: 20 08 11

Customer	SUPERFLEX	Attention To	Mr. Gerald De Guzman / Mr. Rexel Almario
Item Code	839N	Department	PRODUCTION / QA
Item Description	OUTER BOX	Date of Detection	20 08 11
Job Order Number	WO-20-M-00915-3A	Section Detected	CUSTOMER - XYLEM

**ILLUSTRATION OF THE PROBLEM**

☒ Major ☐ Minor

Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
400	1	0.25%

Nature of Defect:

MISALIGN PRINT / DIECUT

Requirement:

Print should not be exceeding on the creasing line

Actual:

The print exceeded on the creasing line

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 checked="" type="checkbox"/> Diecut <input type="checkbox"/> Detaching	<input type="checkbox"/> Gluing <input type="checkbox"/> Vertical <input type="checkbox"/> Others: _____	<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	 Ms. Noemi Cepeda QA Supervisor	 Mr. Rexel Almario QA Asst. Manager		 Mr. Gerald De Guzman / Mr. 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:	Why 4:	Why 5:
			N/A		
Design / Toolings	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		
			PLS. SEE ATTACHED		



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

- WARP MATERIALS

**OUTFLOW ROOTCAUSE**

- RANDOM OCCURRENCE WHY DIDN'T  
TRAP DURING SAMPLING.

**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	W/WHSE	20 PCS.	0	20 PCS.

Actions to be done to eliminate recurrence

Who / When

System

N/A

Design /  
Tools

N/A

Process

PLS. SEE ATTACHED

**B. Orientation**

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

**C. Reworking**

Rework Quantity	N/A
Total Good	N/A
Rework Percentage (Good)	N/A

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

Date Conducted: 20 08 12

PIC: A. Vergara

**Identified Rootcause**

> Wrong printing positioning on the item. because of  
error timing of material to anilox rotation, the  
affected material jammed on the printing machine  
due to warp materials

**Recommendation**

> Usage of weight wigs for warp corrugated materials  
> Separate the flat boards to warp boards

**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 12	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	C.A. is implemented
2nd Verification of Action	A. Vergara	20 09 01	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Process transfer to SFL
3rd Verification of Action			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Effectiveness of Action	A. Vergara	20 09 01	<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	<b>QUALITY ASSURANCE DEPARTMENT</b>		
<input type="checkbox"/> Still Open	<b>CLOSED</b>	QA Supervisor	Line Leader
<input type="checkbox"/> Re-Issue IRF	Date: 21 01 11	QA Asst. Manager	Department Head
		Date: 21 01 11	Date: 21 01 11

DATE AND  
SIGNATURE 21 01 09



## INVESTIGATION REPORT FOR MISALIGN PRINT OF SUPERFLEX 839N OUTER BOX

<b>DIRECT CAUSE</b> PROCESS/MATERIAL	W1- Warp materials is the one possible caused why the print got misalign in Eqos.
	W2- If materials is warp specially big board the tendency of board is bump to machine roller.
	W3 - Board got delay or un-timing why the print got misalign.


<b>INDIRECT CAUSE</b> PROCESS/MATERIAL	W1- Operator didn't notice the misalign print because possible the occurrence is random and didn't trap during sampling.
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### CORRECTIVE ACTION


Continues the recondition and usage of Paper weight Jig.			
<b>PIC:</b>	<b>WAREHOUSE &amp; QA</b>	<b>TARGET DATE:</b>	<b>ON-GOING</b>

Separate and recondition once the operator encounter warp materials.			
<b>PIC:</b>	<b>PRODUCTION</b>	<b>TARGET DATE:</b>	<b>ON-GOING</b>

PREPARED BY:

  
**GERALD DE GUZMAN**  
 PROD ASST. SUPERVISOR

APPROVED BY:

  
**WEENA V. APALLA**  
 SR. SUPERVISOR