

1679


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.: 279

Date Issued: 20 08 24

Customer	EMORI	Attention To	Mr. Gerald De Guzman
Item Code	HP01D2000	Department	PRODUCTION
Item Description	CARTON BOX	Date of Detection	20 08 23
Job Order Number	WO-DRS-20-M-01043-28	Section Detected	QA - IN LINE

ILLUSTRATION OF THE PROBLEM
☐ Major

☒ Minor

Lot Quantity (pcs.)

Reject Quantity (pcs.)

Reject Percentage

8,405

107

1.27%

Nature of Defect:

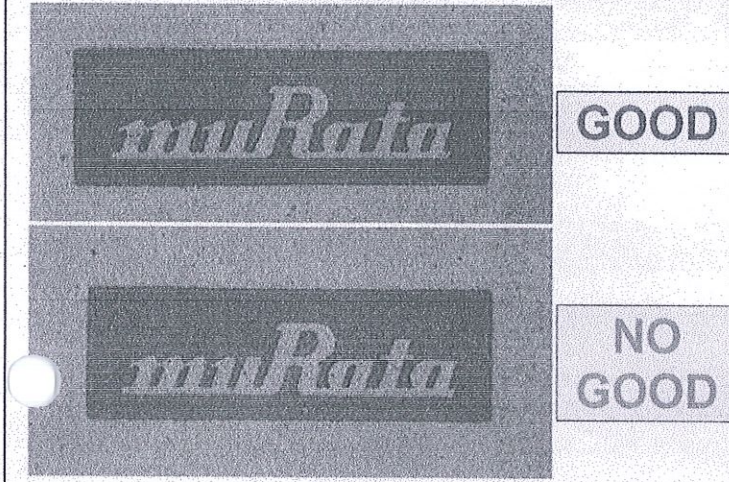
OFF COLOR

Requirement:

Print Color - RED

Actual:

Print Color - PINK



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 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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FINAL CONCLUSION

OCCURRENCE ROOTCAUSE

- DUE TO ALMOST 5HRS USAGE OF INK AND AUTOMATIC WATER SUPPLIED FROM SHOWER POSSIBLE THE INK VISCOSITY GET LOW

OUTFLOW ROOTCAUSE

- NO LSD REFERENCE 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	N/A			

Actions to be done to eliminate recurrence

Who / When

System

N/A

B. Orientation

Date	Time
N/A	N/A
Title	
dees	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 26

PIC: A. Vergara

Identified Rootcause

> Ink viscosity is decreasing due to long time running (4.57 hrs.)
> No color swatch posted in the printing area as reference

Recommendation

> Standardize ink life span & include in existing work instruction.
> Provide color reference for murata boxes

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 25	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	C.A. 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 11	<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	Approved by:	Process Owner Acknowledgment: (Receiving Section)
<input checked="" type="checkbox"/> Closed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Still Open	QA Supervisor	QA Asst. Manager
<input type="checkbox"/> Re-Issue IRF	Date: 21 01 11	Date: 21 01 11
	Date: 21 01 11	Date: 21 01 11

DATE AND SIGNATURE

21 01 09

INVESTIGATION REPORT FOR OFF COLOR PRINT OF EMORI HP01D2000 CARTON BOX

DIRECT CAUSE PROCESS/MATERIAL	W1- Ink provided 1915H and process Emori D1012 with 1,069pcs.
	W2- After 34mins as of 1949H Eqos start to process the Emori D2000 with 8,405pcs
	W3 - The process of Emori D2000 finished as of 2223H almost 4hrs and 34mins running.
	W4 - Ink used almost 5hrs due to long running items and because of the automatic water supplied from shower, possible the ink viscosity get low.