

**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

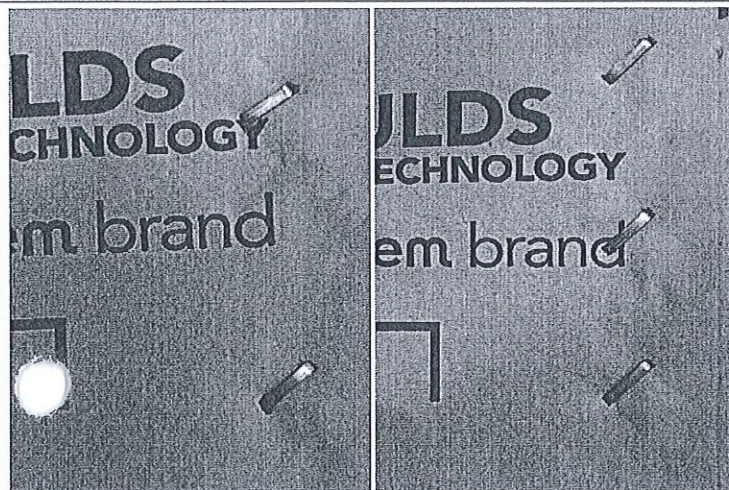
**INVESTIGATION REPORT FORM (IRF)**☒ Inhouse Detection☐ Customer Claim

Control No.: 282

Date Issued: 20 09 02

Customer	SFLI	Attention To	Mr. Gerald De Guzman
Item Code	839N	Department	PRODUCTION
Item Description	CARTON BOX	Date of Detection	20 09 01
Job Order Number	WO-20-M-01125-2	Section Detected	QA - SCREENING

## ILLUSTRATION OF THE PROBLEM

☐ Major☐ Minor

Lot Quantity (pcs.)

Reject Quantity (pcs.)

Reject Percentage

300

84

28.00%

Nature of Defect:

STITCHED PRINT CHARACTER

Requirement:

Stitch should not be fall on the text

Actual:

The stitch coincide on the text

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: STITCHING	<input type="checkbox"/> Material <input type="checkbox"/> Dimension <input checked="" type="checkbox"/> Appearance <input type="checkbox"/> Process / Method
Issued by  Adrian Vergara QA-IE Staff	Checked by  QA Supervisor	Approved by  Mr. Rexel Almarib QA Asst. Manager	Received by (Receiving Section)  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:	PLS. SEE ATTACHED	Why 1: Why 2: Why 3: Why 4: Why 5:	PLS. SEE ATTACHE
Process / Material	Why 1: Why 2: Why 3: Why 4: Why 5:	N/A	Why 1: Why 2: Why 3: Why 4: Why 5:	N/A



**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)****FINAL CONCLUSION****OCCURRENCE ROOTCAUSE****OUTFLOW ROOTCAUSE**

NOT IDEAL POSITION OF PRINT

GOOD BEFORE

**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	N/A	Time	N/A
Title	N/A		
ees	N/A		

Design / Tools

PLS. SEE ATTACHED

**C. Reworking**

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

Process

N/A

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

Date Conducted: 20 09 04

PIC: A. Vergara

**Identified Rootcause****Recommendation**

~ The logo has stitch because it's distance from the edge of the panel is 22mm only while the stitches can reach 23mm

~ The stitching operator should avoid the logo of the item.  
~ Indicate in the drawing "Avoid logo during stitching Process".  
~ Propose to customer to move the logo by 12mm

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

	Checked by	Date	Implemented?		Remarks
1st Verification of Action	A. Vergara	20 09 10	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Recommendation is implemented (Except for change design)
2nd Verification of Action	A. Vergara	20 09 11	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Change design proposal will not pursue same w/ rejection criteria
3rd Verification of Action			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Effectiveness of Action	A. Vergara	20 09 15	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Transfer in SFLI

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**

<b>QUALITY ASSURANCE DEPARTMENT</b>		Approved by:		Process Owner Acknowledgment: (Receiving Section)	
<input checked="" type="checkbox"/> Closed	TRANSFER IN SFLI				
<input type="checkbox"/> Still Open		QA Supervisor	QA Asst. Manager	Line Leader	Department Head
<input type="checkbox"/> Re-issued IRF		Date: 20 10 11	Date: 20 10 11	Date: 21 01 11	Date: 21 01 11

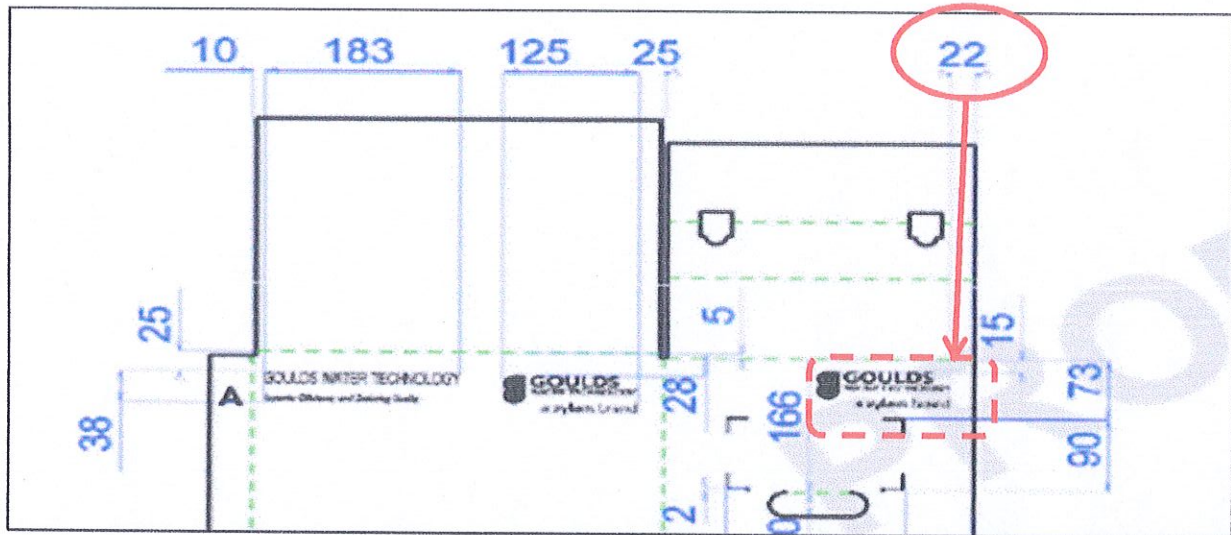
DATE AND  
SIGNATURE

21 01 09



## INVESTIGATION REPORT FOR STITCHED PRINT CHARACTER FOR SUPERFLEX 839N CARTON BOX

<b>DIRECT CAUSE</b> DESIGN/TOOLING	W1- The distance of print from the edge of box is 22mm only vs. 40mm glue tab.
	W2- The location of print is prone to stitched, or not in the ideal position.



<b>INDIRECT CAUSE</b> DESIGN/TOOLING	W1- No instruction in the drawing that stitch should not be hit on the print character.
	W2- This occurrence is normal and good before.
	W3- First time to reject this occurrence.

### CORRECTIVE ACTION

Move the print dimension from 22mm to 40mm for sure that the print didn't hit by stitch.			
<b>PIC:</b>	<b>SALES &amp; DESIGN</b>	<b>TARGET DATE:</b>	

If ever the print movement did not approved, provide rejection criteria and put instruction in the drawing regarding this issue.			
<b>PIC:</b>	<b>QA &amp; DESIGN</b>	<b>TARGET DATE:</b>	

PREPARED BY:

*[Signature]*  
**GERALD DE GUZMAN**  
PROD ASST. SUPERVISOR

APPROVED BY:

*[Signature]* 200903  
**WEENA Y. APALLA**  
SR. SUPERVISOR