

**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

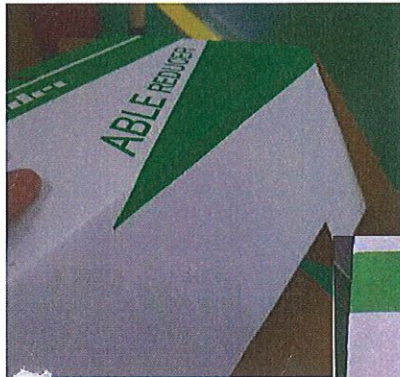
INVESTIGATION REPORT FORM (IRF)☒ Inhouse Detection☐ Customer Claim

Control No.: 295

Date Issued: 20 09 19

Customer	NIDEC SUBIC	Attention To	Mr. Gerald De Guzman
Item Code	VR-D RYZ000004	Department	PRODUCTION
Item Description	BOX	Date of Detection	20 09 17
Job Order Number	WO-SO-IPD-1341-5	Section Detected	QA - SCREENING

ILLUSTRATION OF THE PROBLEM



<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor	
Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
255	102 84	32.94 40.00%

Nature of Defect:

MISALIGN PRINT

Requirement:

±5mm printing tolerance

Actual:

Print location move exceeded on the tolerance

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 checked="" type="checkbox"/> Dimension <input checked="" type="checkbox"/> Appearance <input type="checkbox"/> Process / Method

Issued by Adrian Vergara QA-IE Staff	Checked by Ms. Noemi Cepeda QA Supervisor	Approved by Mr. Rexel Almario QA Asst. Manager	Received by (Receiving Section) Mr. Gerald De Guzman Head/ Supervisor
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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: N/A Why 4: Why 5:	Why 1: Why 2: Why 3: N/A Why 4: Why 5:	
Design / Toolings	Why 1: Why 2: Why 3: N/A Why 4: Why 5:	Why 1: Why 2: Why 3: N/A Why 4: Why 5:	
Process / Material	Why 1: Why 2: Why 3: PLS. SEE ATTACHED Why 4: Why 5:	Why 1: Why 2: Why 3: PLS. SEE ATTACHED Why 4: Why 5:	

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

— STACKING HEIGHT LIMIT IN FEEDER
IS MORE THAN 250mm

OUTFLOW ROOTCAUSE

— ME STAFF ADVICE TO INCLUDE THE
SEPERATE MISALIGN PRINT BECAUSE POSSIBLE
SOME IS WITHIN TOLERANCE.

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		
Indees	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 09 21

PIC: A. Vergara

Identified Rootcause**Recommendation**

Delay feeding timing in the machine because of
heavy piling @ feeding unit because the stacking
height of the item is > 250mm

Stacking height should be less ~~25~~ than 250mm

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 19	<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 11 20	<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

Remarks	Approved by:	Process Owner Acknowledgment: (Receiving Section)	
QUALITY ASSURANCE DEPARTMENT			
CLOSED	QA Supervisor	QA Asst. Manager	Line Leader
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 MISALIGN PRINT OF NIDEC SUBIC VR-D RYZ000003 BOX

DIRECT CAUSE PROCESS/MATERIAL	W1- Operator notice that they need to consider the height limit of materials in feeder during mass production.
	W3 - They encountered misalign print when the stacking height of materials in feeder is more than 300mm.

NOTE: Item is IPD why the Eqos operator is on Adjustment Stage for this item.
Operator need to consider some adjustment in setup, specially the materials of this item is White Kraft.

INDIRECT CAUSE PROCESS/MATERIAL (OUTFLOW)	W1- Eqos operator separate the affected of misalign print.
	W2- ME Staff advice the Operator to include the separate misalign print to complete the quantity requirement, because according to them items are not yet die-cutted and possible some is within tolerance.

PRODUCTION CORRECTIVE ACTION

Set the 250mm Stacking Height Limit in Eqos feeder for this item and monitor the effectiveness.

PIC:	PRODUCTION	TARGET DATE:	NEXT RUNNING (TO BE ADVISE BY JC)
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PREPARED BY:


GERALD DE GUZMAN
PROD ASST. SUPERVISOR

APPROVED BY:


WEENA Y. APALLA
SR. SUPERVISOR