


**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

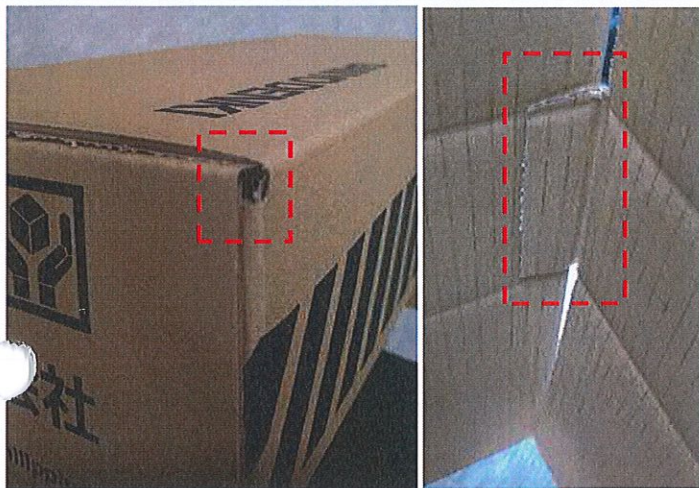
☐ Customer Claim

Control No.: 296

Date Issued: 20 09 18

|                  |                       |                   |                      |
|------------------|-----------------------|-------------------|----------------------|
| Customer         | SANYO DENKI           | Attention To      | Mr. Gerald De Guzman |
| Item Code        | 00415456-01           | Department        | PRODUCTION           |
| Item Description | PACKAGE               | Date of Detection | 20 09 17             |
| Job Order Number | WO-DRS-20-M-01194-167 | Section Detected  | QA - IN LINE         |

**ILLUSTRATION OF THE PROBLEM**
☒ Major

☐ Minor


| Lot Quantity (pcs.) | Reject Quantity (pcs.) | Reject Percentage |
|---------------------|------------------------|-------------------|
| 1,498               | 41                     | 2.73%             |

Nature of Defect:

MISALIGN SLOT

Requirement:

No bulging and slot depth from creasing line should not exceed 3mm

Actual:

W/ bulging and deep slot

| NO. OF OCCURRENCE                                                                                             | DISPOSITION                                                                                                                                                                  | AREA OF OCCURRENCE / ORIGIN                                                                                                                                                                                                                                             | CONTENT                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> First<br><input type="checkbox"/> Recurrence<br>No.: _____<br>Date: _____ | <input type="checkbox"/> Hold<br><input type="checkbox"/> Special Acceptance<br><input type="checkbox"/> For Rework<br><input checked="" type="checkbox"/> Reject / Disposal | <input type="checkbox"/> Slotter<br><input checked="" type="checkbox"/> EQOS<br><input type="checkbox"/> Diecut<br><input type="checkbox"/> Detaching<br><input type="checkbox"/> Gluing<br><input type="checkbox"/> Vertical<br><input type="checkbox"/> Others: _____ | <input type="checkbox"/> Material<br><input checked="" type="checkbox"/> Dimension<br><input checked="" type="checkbox"/> Appearance<br><input type="checkbox"/> Process / Method |
| Issued by                                                                                                     | Checked by                                                                                                                                                                   | Approved by                                                                                                                                                                                                                                                             | Received by<br>(Receiving Section)                                                                                                                                                |
| <br>Adrian Vergara<br>QA-IE Staff                                                                             | <br>Ms. Noemi Cepeda<br>QA-Supervisor                                                                                                                                        | <br>Mr. Rexel Almario<br>QA Asst. Manager                                                                                                                                                                                                                               | <br>Mr. Gerald De Guzman<br>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 1: |                   |
|                    | Why 2: |                   | Why 2: |                   |
|                    | Why 3: | N/A               | Why 3: | N/A               |
|                    | Why 4: |                   | Why 4: |                   |
|                    | Why 5: |                   | Why 5: |                   |
| Design / Toolings  | Why 1: |                   | Why 1: |                   |
|                    | Why 2: |                   | Why 2: |                   |
|                    | Why 3: | N/A               | Why 3: | N/A               |
|                    | Why 4: |                   | Why 4: |                   |
|                    | Why 5: |                   | Why 5: |                   |
| Process / Material | Why 1: |                   | Why 1: |                   |
|                    | Why 2: |                   | Why 2: |                   |
|                    | Why 3: | PLS. SEE ATTACHED | Why 3: | PLS. SEE ATTACHED |
|                    | Why 4: |                   | Why 4: |                   |
|                    | Why 5: |                   | Why 5: |                   |

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

WARP MATERIALS

**OUTFLOW ROOTCAUSE**

RANDOM OCCURRENCE

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      | 20 09 25                                                                                              | Time | 12:00NN - 12:05NN |
| Title     | ORIENTATION REGARDING MISALIGN SLOT OF SANYO DENKI 00415456-D1 & EPSON TP 5116596-00 OUTER CARTON BOX |      |                   |
| Attendees | EQOS OPERATORS                                                                                        |      |                   |

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 18

PIC: A. Vergara

**Identified Rootcause**

> The materials have delay timing on the slitting because the edge of the boards bump on the rollers since boards are warp

**Recommendation**

> Recondition warp materials, top should be covered by weight jigs  
> Pre-fold the flap prior feeding on the machine

**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 25 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | C.A. is implemented<br>Recommendation 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 14 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | C.A. & Recommendation 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.

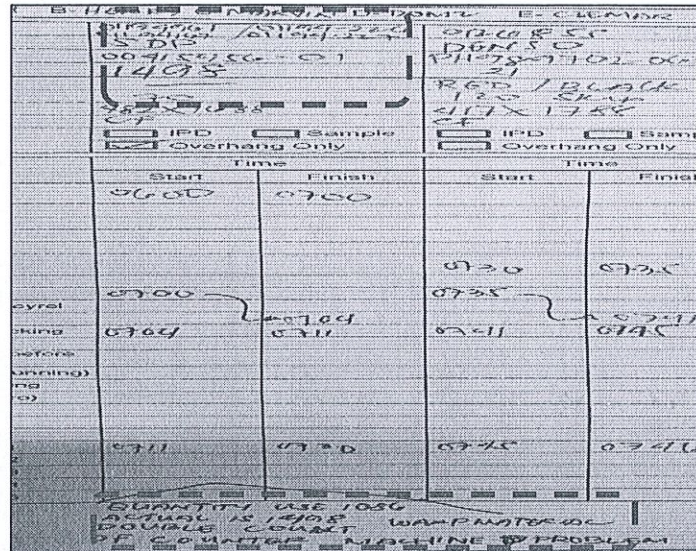
**IV. CLOSURE**

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

DATE AND SIGNATURE mm 21 01 09

# INVESTIGATION REPORT FOR MISALIGN SLOT OF SANYO DENKI 00415456-01 PACKAGE

|                                         |                                                                                                                                |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <b>DIRECT CAUSE</b><br>PROCESS/MATERIAL | W1- Upon investigation operator said that they encountered random of warp materials that time recorded in their Machine Ratio. |
|                                         | W2- Warp materials bump in the roller that caused misalign slot.                                                               |



|                                           |                                                                                                                                                                                                               |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>INDIRECT CAUSE</b><br>PROCESS/MATERIAL | W1- Operator in-charge in feeding of materials cant Pre-fold all the affected of warp due to bulky quantity of this item, and because they need to consider not to downtime the feeding of materials in Eqos. |
|                                           | W2- Eqos operator and QA patrol that time didn't trap the misalign print during sampling because the occurrence is randomly.                                                                                  |

## PRODUCTION CORRECTIVE ACTION

Orient the operator that next time they encounter warp materials specially bulky quantity immediately inform the Leader In-charge to ask help in QA for the pre-folding.

|             |                   |                     |               |
|-------------|-------------------|---------------------|---------------|
| <b>PIC:</b> | <b>PRODUCTION</b> | <b>TARGET DATE:</b> | <b>200925</b> |
|-------------|-------------------|---------------------|---------------|

PREPARED BY:

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

APPROVED BY:

*[Signature]*  
**WEENA D. APALLA**  
SR. SUPERVISOR