


**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

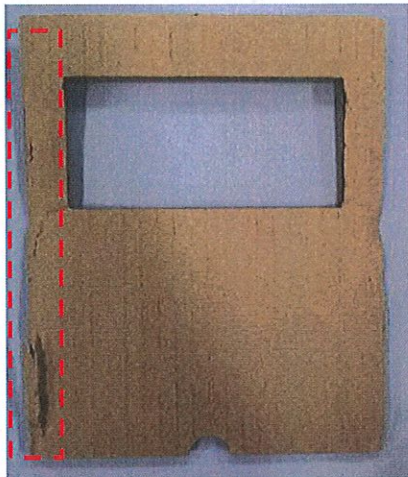
**INVESTIGATION REPORT FORM (IRF)**
☒ Inhouse Detection

☐ Customer Claim

Control No.: 304

Date Issued: 20 09 29

Customer	NIDEC SUBIC	Attention To	Mr. Gerald De Guzman
Item Code	VR-C RYZXD000002	Department	PRODUCTION
Item Description	PAD B	Date of Detection	20 09 27
Job Order Number	WO-SO-IPD-1343-4	Section Detected	QA - SCREENING

**ILLUSTRATION OF THE PROBLEM**

☐ Major

☒ Minor

Lot Quantity (pcs.)

Reject Quantity (pcs.)

Reject Percentage

2031

151

7.43%

Nature of Defect:

BURSTING

Requirement:

No presence of bursting on the surface

Actual:

W/ Bursting on the rough surface

NO. OF OCCURRENCE	DISPOSITION	AREA OF OCCURRENCE / ORIGIN		CONTENT
<input checked="" type="checkbox"/> First <input checked="" 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 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 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 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: 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**

- BRITTLE OR WEAK KRAFT LINER 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	N/A	Time	N/A
Title	N/A		
Idees	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 10 01

PIC: A. Vergara

**Identified Rootcause**

> Brittle materials  
 > Too much impression applied on the corrugated boards because the cushion is gray ejector.

**Recommendation**

> Change cushion from gray ejector to eperan cushion

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

	Checked by	Date	Implemented?	Remarks
1st Verification of Action	A. Vergara	20 10 12	[X] Yes [ ] No	Recommendation is implemented
2nd Verification of Action			[ ] Yes [ ] No	
3rd Verification of Action			[ ] Yes [ ] No	
Effectiveness of Action	A. Vergara	21 01 22	[X] Yes [ ] No	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**

**CLOSED**

DATE AND SIGNATURE: *[Signature]* 21 04 14

Approved by:

Process Owner Acknowledgment: (Receiving Section)

QA Supervisor

QA Asst. Manager

Line Leader

Department Head

Date:

21 04 14

Date:

21 04 14

Date:

21 04 14

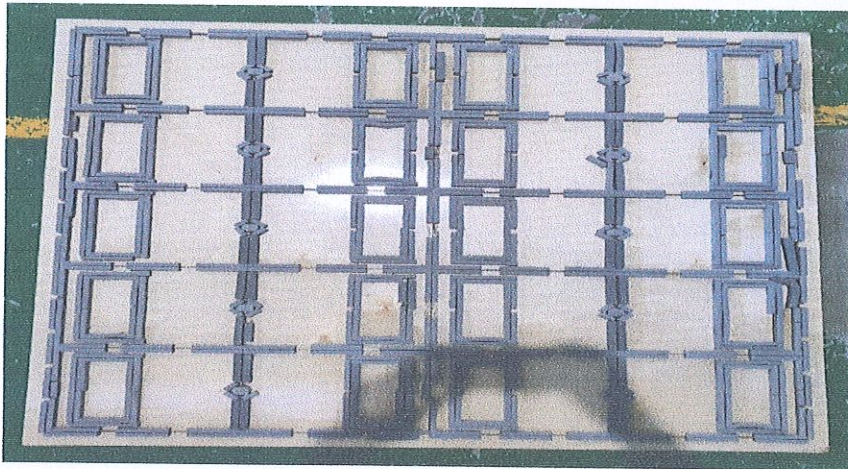
Date:

21 04 14



## INVESTIGATION REPORT FOR BURSTING OF NIDEC SUBIC VR-C RYZXD000002 PAD B

<b>DIRECT CAUSE</b> PROCESS/MATERIAL	<b>W2-</b> We didn't find abnormality in diecut blade layout because it's within standard.
	<b>W1-</b> Possible that there are random of brittle or weak Kraft Liner in raw materials issued.
	<b>W3 -</b> Brittle or weak Kraft liner specially if CB-flute materials is prone in bursting.



<b>INDIRECT CAUSE</b> <b>(OUTFLOW)</b> PROCESS/MATERIAL	<b>W1-</b> Operator did not trap the bursting during sampling because possible its occurs randomly.
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## PRODUCTION CORRECTIVE ACTION

Monitor the next running of this item to find out if we need to adjust the layout of die-blade  
depend to the materials condition.

<b>PIC:</b>	<b>PRODUCTION</b>	<b>TARGET DATE:</b>	<b>201001 (balance JO)</b>
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PREPARED BY:

  
**GERALD DE GUZMAN**  
 PROD ASST. SUPERVISOR

APPROVED BY:

**WEENA V. APALLA**  
 SR. SUPERVISOR