

1764


**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.: 311

Date Issued: 20 10 09

|                  |                 |                   |                                          |
|------------------|-----------------|-------------------|------------------------------------------|
| Customer         | SMK             | Attention To      | Mr. Gerald De Guzman / Mr. Rexel Almario |
| Item Code        | EG30-01         | Department        | PRODUCTION / QA                          |
| Item Description | MASTER BOX 1    | Date of Detection | 20 10 09                                 |
| Job Order Number | WO-20-M-01197-6 | Section Detected  | CUSTOMER - SMK                           |

**ILLUSTRATION OF THE PROBLEM**


|                                           |                                |                   |
|-------------------------------------------|--------------------------------|-------------------|
| <input checked="" type="checkbox"/> Major | <input type="checkbox"/> Minor |                   |
| Lot Quantity (pcs.)                       | Reject Quantity (pcs.)         | Reject Percentage |
| 40                                        | 2                              | 5.00%             |

Nature of Defect:

OFF SHOOT

Requirement:

Off shoot should be within drawing tolerance of  $\pm 3\text{mm}$ 

Actual:

The blue logo exceeded on the red logo

| 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 / Mr. Rexel Almario<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:<br>Why 2:<br>Why 3: N/A<br>Why 4:<br>Why 5:               | Why 1:<br>Why 2:<br>Why 3: N/A<br>Why 4:<br>Why 5:               |
| Design / Toolings  | Why 1:<br>Why 2:<br>Why 3: N/A<br>Why 4:<br>Why 5:               | Why 1:<br>Why 2:<br>Why 3: N/A<br>Why 4:<br>Why 5:               |
| Process / Material | Why 1:<br>Why 2:<br>Why 3: PLS. SEE ATTACHED<br>Why 4:<br>Why 5: | Why 1:<br>Why 2:<br>Why 3: PLS. SEE ATTACHED<br>Why 4:<br>Why 5: |

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

- ACCIDENTALLY MIXED THE REJECT TRIAL  
RUN IN GOOD ITEMS.

**OUTFLOW ROOTCAUSE**

- OPERATOR FORGOT THE REJECT TRIAL  
RUN.

**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 10 12                                                    | Time | 11:40 P.M. - 11:45 P.M. |
| Title     | ORIENTATION REGARDING OFFSHOOT OF SMK<br>EG30-01 MASTER BOX |      |                         |
| Attendees | EQDS OPERATOR                                               |      |                         |

**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 14

PIC: A. Vergara

**Identified Rootcause****Recommendation**

> Trial run mixed w/ good materials since the operator did not segregate properly the NG Trial run.  
> The QA Inspector did not trapped the defect since he executed fast browsing

**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 14 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | C.A. is implemented for PRD |
| 2nd Verification of Action | A. Vergara | 20 10 27 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | C.A. is implemented for QA  |
| 3rd Verification of Action |            |          | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                             |
| Effectiveness of Action    | A. Vergara | 21 01 04 | <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.

|                                            |                |                    |                                                   |
|--------------------------------------------|----------------|--------------------|---------------------------------------------------|
| <b>QUALITY ASSURANCE DEPARTMENT</b>        |                | <b>IV. CLOSURE</b> |                                                   |
| Status:                                    | Remarks:       | Approved by:       | Process Owner Acknowledgment: (Receiving Section) |
| <input checked="" type="checkbox"/> Closed | <b>CLOSED</b>  |                    |                                                   |
| <input type="checkbox"/> Still Open        |                | QA Supervisor      | QA Assn. Manager                                  |
| <input type="checkbox"/> Re-Issue          |                | Line Leader        | Department Head                                   |
| DATE AND SIGNATURE                         | Date: 20 01 09 | Date: 21 01 11     | Date: 21 01 11                                    |

# SCREENING INSPECTION REPORT (CORRUGATED AND MOULDED ITEMS)

Control No.

SQA-09-001704

## I. Item Information

|                      |            |                      |                                                                            |                                                                               |
|----------------------|------------|----------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| SMK                  |            | 200912               |                                                                            | Shift: <input type="checkbox"/> Day <input checked="" type="checkbox"/> Night |
| Code                 | NORTH      | Inspection Date      | 200909                                                                     |                                                                               |
| Item Description     | EG30-01    | Delivery Date        | 200909                                                                     |                                                                               |
| Model                | MASTER BOX | Job Order No.        | WO-20-M-01197-6                                                            |                                                                               |
| Drawing Revision No. | N/A        | Job Order Qty.       | 35                                                                         |                                                                               |
| External Provider    | Rev. 03    | Inspection Method    | <input checked="" type="checkbox"/> 100% <input type="checkbox"/> Sampling |                                                                               |
|                      |            | Delivery Receipt No. |                                                                            |                                                                               |

## II. Dimensional Inspection

| Time Conducted Sample #1: 11/10 |               |           | Time Conducted Sample #2: 11/10 |           |           | Time Conducted Sample #3: 11/10 |               |           |           |           |           |
|---------------------------------|---------------|-----------|---------------------------------|-----------|-----------|---------------------------------|---------------|-----------|-----------|-----------|-----------|
| Checkpoints                     | Drawing Specs | Tolerance | Sample #1                       | Sample #2 | Sample #3 | Checkpoints                     | Drawing Specs | Tolerance | Sample #1 | Sample #2 | Sample #3 |
| 1                               | 11/1          | 4.3       | 11/1                            | 11/1      | 11/1      | 16                              |               |           |           |           |           |
| 2                               | 4/1           | 4.3       | 4/1                             | 4/1       | 4/1       | 17                              |               |           |           |           |           |
| 3                               | 2/1           | 4.3       | 2/1                             | 2/1       | 2/1       | 18                              |               |           |           |           |           |
| 4                               | 2/1           | 4.3       | 2/1                             | 2/1       | 2/1       | 19                              |               |           |           |           |           |
| 5                               | 4/1           | 4.3       | 4/1                             | 4/1       | 4/1       | 20                              |               |           |           |           |           |
| 6                               | 11/1          | 4.3       | 11/1                            | 11/1      | 11/1      | 21                              |               |           |           |           |           |
| 7                               |               |           |                                 |           |           | 22                              |               |           |           |           |           |
| 8                               |               |           |                                 |           |           | 23                              |               |           |           |           |           |
| 9                               |               |           |                                 |           |           | 24                              |               |           |           |           |           |
| 10                              |               |           |                                 |           |           | 25                              |               |           |           |           |           |
| 11                              |               |           |                                 |           |           | 26                              |               |           |           |           |           |
| 12                              |               |           |                                 |           |           | 27                              |               |           |           |           |           |
| 13                              |               |           |                                 |           |           | 28                              |               |           |           |           |           |
| 14                              |               |           |                                 |           |           | 29                              |               |           |           |           |           |
| 15                              |               |           |                                 |           |           | 30                              |               |           |           |           |           |

Measuring Tools

III. Visual Inspection (Leave cell blank if no detection on Applicable Criteria. Ensure to put actual quantity of defect based on classification or "N/A" if Not Applicable)

| A. CORRUGATED ITEM / BOX / DANPLA      | In-house | External Provider | Total Quantity | B. PALLET                       | In-house | External Provider | Total Quantity |
|----------------------------------------|----------|-------------------|----------------|---------------------------------|----------|-------------------|----------------|
| Scoring                                |          |                   |                | Condition of Wood               | N/A      | N/A               | N/A            |
| Grain Direction                        |          |                   |                | Rusty Nail                      | N/A      | N/A               | N/A            |
| Paper Shade (Off Color)                |          |                   |                | Warping                         | N/A      | N/A               | N/A            |
| Bubbles                                |          |                   |                | Fumigation Stamp                | N/A      | N/A               | N/A            |
| Blister                                |          |                   |                | Crack/ Damages                  | N/A      | N/A               | N/A            |
| Wrinkle                                |          |                   |                | Others                          | N/A      | N/A               | N/A            |
| Delamination                           |          |                   |                | C. CORRUGATED PALLET            | In-house | External Provider | Total Quantity |
| Uneven Kraft liner                     |          |                   |                | Color of Carton (Discoloration) | N/A      | N/A               | N/A            |
| Warpage                                |          |                   |                | Flute of Material               | N/A      | N/A               | N/A            |
| Cracking on edge                       |          |                   |                | Type of Adhesion                | N/A      | N/A               | N/A            |
| Bursting / Bursting on Edge (Crowfeet) |          |                   |                | Adhesion of Runner              | N/A      | N/A               | N/A            |
| Wrong die-cut orientation              |          |                   |                | Rusty Wire                      | N/A      | N/A               | N/A            |
| Inverted die-cut                       |          |                   |                | Wrong Orientation               | N/A      | N/A               | N/A            |
| Close Gap/ Wide Gap                    |          |                   |                | Damages:                        | N/A      | N/A               | N/A            |
| Print Color :                          |          |                   |                | Others :                        | N/A      | N/A               | N/A            |
| Missing Print/ Character               |          |                   |                | D. MOULDED ITEMS                | In-house | External Provider | Total Quantity |
| Blotted Print                          |          |                   |                | Poor Fusion                     | N/A      | N/A               | N/A            |
| Smeared Print                          |          |                   |                | Chip Off                        | N/A      | N/A               | N/A            |
| Other Print Defect :                   |          |                   |                | Warp / Deform                   | N/A      | N/A               | N/A            |
| Linemark                               |          |                   |                | Crack                           | N/A      | N/A               | N/A            |
| Fish-eye                               |          |                   |                | Broken                          | N/A      | N/A               | N/A            |
| Stain :                                |          |                   |                | Scratches                       | N/A      | N/A               | N/A            |
| Excess Glue                            |          |                   |                | Foreign Materials               | N/A      | N/A               | N/A            |
| Gluing Defect :                        |          |                   |                | Wet / Moist                     | N/A      | N/A               | N/A            |
| Worn-out                               |          |                   |                | Dirt                            | N/A      | N/A               | N/A            |
| Dent                                   |          |                   |                | Stain :                         | N/A      | N/A               | N/A            |
| Punctured                              |          |                   |                | Discoloration                   | N/A      | N/A               | N/A            |
| Tear-off                               |          |                   |                | Excess Flashes                  | N/A      | N/A               | N/A            |
| Peel-off                               |          |                   |                | Others :                        | N/A      | N/A               | N/A            |
| Damages :                              |          |                   |                |                                 |          |                   |                |
| Others :                               |          |                   |                |                                 |          |                   |                |

9/8/2020

https://3389427.app.netsuite.com/app/site/hosting/scriptlet.nl?script=1024&amp;deploy=1&amp;compid=3389427&amp;internalid=18545984&amp;l=t

## KANEPACKAGE PHILIPPINE, INC.



SO No. :  
JO No. :  
ISSUED BY :  
DATE ISSUED :  
CUSTOMER

WO-20-M-01197-6  
Nene Villanueva  
8-SEPTEMBER-2020  
SMK ELECTRONICS PHILS. CO.

NETSUITE  
QA TRANSFER TO FG  
DATE: 200911/11  
TIME: 2:37

Light Industry Science Park II,  
National Highway, Calamba, 4027 Laguna  
Tel: (049) 545 7166/67  
Fax: (049) 544-0010

704

Item Description: EG30-01MASTERBOX MASTERBOX  
Quantity: 35 Piece  
Delivery Date: 9-SEPTEMBER-2020

Memo :  
BK Code : EG30-01MASTERBOX  
Blades :

| Material/Description               | Qty To Be Used | Cut Size    | No. of Cuts | Actual Qty Used | DR No. | Supplier | Batch No. | Issued By |
|------------------------------------|----------------|-------------|-------------|-----------------|--------|----------|-----------|-----------|
| 1450 X 1500 CF TX200/CM125/TX200 0 | 20             | 678X1020 CF | 40          | 0pcs            |        |          |           |           |
| 1450 X 1500 CF TX200/CM125/TX200 0 | 20             | 678X1020 CF | 40          | 0pcs            |        |          |           |           |

| PROCESS         | Finished |      | GOOD QTY     | Trial Run | REJECT QTY |          | OPERATOR   | Remarks |
|-----------------|----------|------|--------------|-----------|------------|----------|------------|---------|
|                 | Date     | Time |              |           | In-house   | Supplier |            |         |
| 1.SLOTTER BIG   | 9/8      |      | 40           | 1         |            |          | Rex/Guilla |         |
| 2.SLOTTER SMALL | 9/8      |      | 80           | 1         |            |          | JG         |         |
| 3. POS A/B      | 9/12     |      | A 40<br>B 40 | 2<br>2    |            |          | DEJA       |         |
| 4.MANUAL GLUING | 9/14     |      | 40           | 1         |            |          | CID        |         |
| 5.LOT NUMBERING | 9/14     |      | 40           |           |            |          | KIM/KHAN   |         |
| 6.SCREENING     | 9/14     |      | 40           |           |            |          |            |         |
| 7.QA BUNDLE     |          |      |              |           |            |          |            |         |

## REJECTION HISTORY

|    |
|----|
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

## NOTES

|    |                                                                                                                                                                                                                                  |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | <p>KANEPACKAGE PHILIPPINE, INC.<br/>CUSTOMER: SMK ELECTRONICS PHILS. CO<br/>ITEM CODE: EG30-01<br/>ITEM DESCRIPTION: MASTER BOX<br/>LOT NUMBER: 2 0914-WO-20-M-01197-6<br/>QUANTITY: 10 pcs.</p> <p>RoHS OK<br/>MP QA PASSED</p> |
| 2. |                                                                                                                                                                                                                                  |
| 3. |                                                                                                                                                                                                                                  |
| 4. |                                                                                                                                                                                                                                  |
| 5. |                                                                                                                                                                                                                                  |

PR-001-F07 REV.00

JO Received By(WHSE):

Signature over printed name/Date/Time

Signature over printed name/Date/Time

PRODUCTION OUT  
BY: WHE  
DATE: 200914  
NETSUITE

WHOUSE OUT  
30/9/14  
a/k

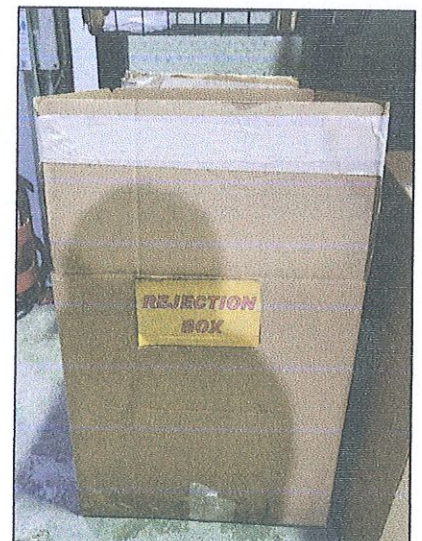
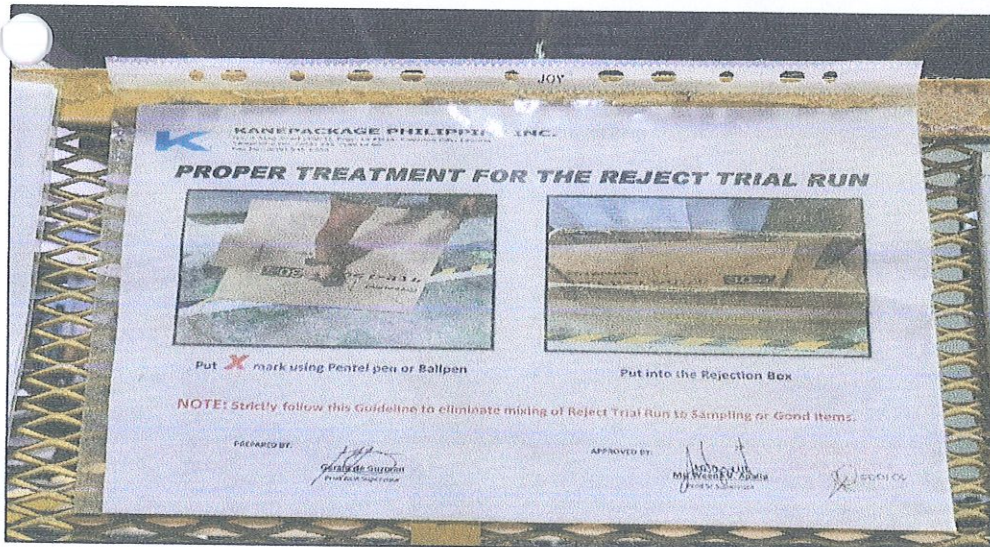
## INVESTIGATION REPORT FOR OFF SHOOT OF SMK EG30-01 MASTER BOX

|                                         |                                                                                                                                                   |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DIRECT CAUSE</b><br>PROCESS/MATERIAL | <b>W1-</b> Eqos main operator that time admitted that possible he accidentally mixed the reject trial run of Part-A and Part-B to the good items. |
|                                         | <b>W2-</b> He didn't put immediately the reject trial run in Rejection Box in Eqos.                                                               |
|                                         | <b>W3-</b> Possible that he put the reject trial run and good trial run in one place and accidentally mixed it in good items after the process.   |

|                                                               |                                                                                                                                                                                                        |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>INDIRECT CAUSE</b><br><b>(OUTFLOW)</b><br>PROCESS/MATERIAL | <b>W1-</b> Eqos main operator that time forgot the reject trial run of Part-A and Part-B, why he didn't declare it in Job Order and mixed the off shoot in the good items.                             |
|                                                               | <b>W1-</b> Manual gluing operator didn't trap the Off Shoot because possible the 2pcs affected quantity place in the middle of 20pcs per pile during glue application (15-20pcs standard for C-Flute). |

## PRODUCTION CORRECTIVE ACTION

|                                                                                                                        |                   |                     |                      |
|------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|----------------------|
| Re-orient the Eqos operator regarding the Guideline for the Proper Treatment of Reject Trial Run posted in their area. |                   |                     |                      |
| <b>PIC:</b>                                                                                                            | <b>PRODUCTION</b> | <b>TARGET DATE:</b> | <b>201012 (DONE)</b> |



PREPARED BY:

*GERALD DE GUZMAN*  
PROD ASST. SUPERVISOR

APPROVED BY:

*WEENA V. APALLA*  
SR. SUPERVISOR



## MINUTES OF THE MEETING

Date: 2010/2 Time Start: 2340 H Time Finished: 2345 H Venue: EQOS AREA

## ATTENDEES:

| Name          | Section | Sign | Name | Section | Sign |
|---------------|---------|------|------|---------|------|
| Robert Dejito | EQOS    |      |      |         |      |
| E. DEVELLES   | "       |      |      |         |      |
| J-J CALVO     | "       |      |      |         |      |
| BERTIZ NIÑO   | "       |      |      |         |      |
| Denver Lucero | "       |      |      |         |      |
|               |         |      |      |         |      |
|               |         |      |      |         |      |
|               |         |      |      |         |      |
|               |         |      |      |         |      |
|               |         |      |      |         |      |

## AGENDA:

ORIENTATION REGARDING OFF SHOOT OF  
SMK EG30-01 MASTER BOX

## MINUTES:

page 1 of 1

## ROOTCAUSE:

Eqos main operator that time admitted that possible he accidentally mixed the reject trial run of Part-A and Part-B to the good items.. He didn't put immediately the reject trial run in Rejection Box in Eqos. Possible that he put the reject trial run and good trial run in one place and accidentally mixed it in good items after the process. Eqos main operator that time forgot the reject trial run of Part-A and Part-B, why he didn't declare it in Job Order and mixed the off shoot in the good items.

## CORRECTIVE ACTION:

- Check the guideline for the Proper Treatment of Reject Trial Run posted in Eqos area.
- Immediately put X mark using ball pen or pentel pen in reject trial run and put it on rejection box.
- Fill-up correctly and declare in the JO if there is reject trial run.

## FOLLOW UP MEETING:

(date &amp; time)

for KPPI fill up only

Prepared by:

Reviewed by:

Noted by:

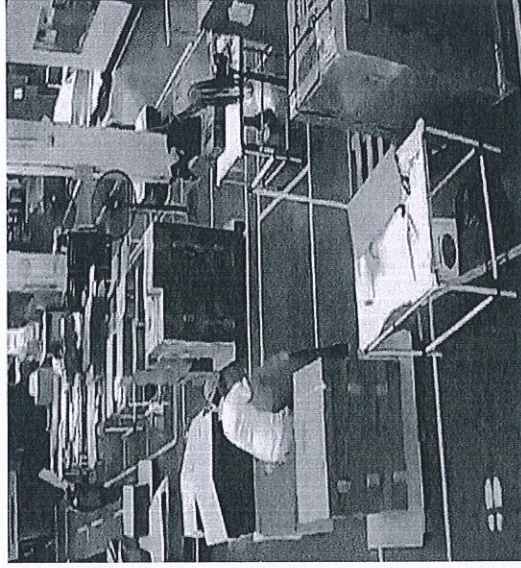
  
GERALD DE GUZMAN

# CAUSE OF THE PROBLEM

| 5M REVIEW   |                           |
|-------------|---------------------------|
| FACTOR      | DETAILS                   |
| MAN         | NO CHANGE                 |
| METHOD      | Fast Browsing<br>Checking |
| MACHINE     | NO CHANGES                |
| MATERIAL    | NO CHANGES                |
| ENVIRONMENT | NO CHANGES                |

## OUTFLOW ROOTCAUSE ANALYSIS:

The QA Inspector did not trap the off shoot defect on the item. Because the QA Inspector did not verify the other panel of the item (Which is panel A, panel B was facing on the inspector). The Inspector did not conduct detailed checking. Since the QA Inspector conduct fast browsing inspection on the item. Because there is no standard inspection time established.



Based on the record it appears that the inspection time in every 10 pieces of the box is 7secs only

## ACTUAL CHECKING OF THE ITEM

**NOTE:** The video is in slow motion

# **CORRECTIVE ACTION:**

1. Re-orientation to QA Members regarding Inspection Standard of Box
  - 1.1. QA to assure that both panels were checked 100% during visual inspection
  - 1.2. QA to consistently perform inspection based on the establish inspection sequence
2. To establish standard inspection time for Flexo boxes with print
  - 2.1. Existing inspection time is @ 7secs. for OFFSET boxes but there is no inspection time establish for FLEXP boxes (With print)