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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.: 329

Date Issued: 20 11 19

Customer	EPSON IJP	Attention To	Mr. Gerald De Guzman
Item Code	5150864-01	Department	PRODUCTION
Item Description	INDIVIDUAL BOX	Date of Detection	20 11 18
Job Order Number	WO-DRS-20-L-0131-14	Section Detected	QA - IN LINE

ILLUSTRATION OF THE PROBLEM
☐ Major

☒ Minor

Lot Quantity (pcs.)

Reject Quantity (pcs.)

Reject Percentage

1,580

80

5.06%

Nature of Defect:

BURSTING

Requirement:

No bursting inside of the ICB

Actual:

W/ Bursting inside the ICB (Flap portion)

NO. OF OCCURRENCE	DISPOSITION	AREA OF OCCURRENCE / ORIGIN		CONTENT
<input type="checkbox"/> First <input checked="" type="checkbox"/> Recurrence No.: <u>3</u> Date: <u>20 11 18</u>	<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 Alman 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:
 Why 4:
 Why 5:

N/A

Design / Toolings

 Why 1:
 Why 2:
 Why 3:
 Why 4:
 Why 5:

N/A

Process / Material

 Why 1:
 Why 2:
 Why 3:
 Why 4:
 Why 5:

PLS. SEE ATTACHED

 Why 1:
 Why 2:
 Why 3:
 Why 4:
 Why 5:

N/A

 Why 1:
 Why 2:
 Why 3:
 Why 4:
 Why 5:

N/A

 Why 1:
 Why 2:
 Why 3:
 Why 4:
 Why 5:

PLS. SEE ATTACHED

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

- OPERATOR USED THE NEW DIE BLADE - RANDOMLY 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****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		
Asses	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 11 20

PIC: A. Vergara

Identified Rootcause**Recommendation**

The materials cannot withstand the impact of the die-cut blade since they are brittle

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

	Checked by	Date	Implemented?	Remarks
1st Verification of Action	A. Vergara	20 12 04	<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 12 15	<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

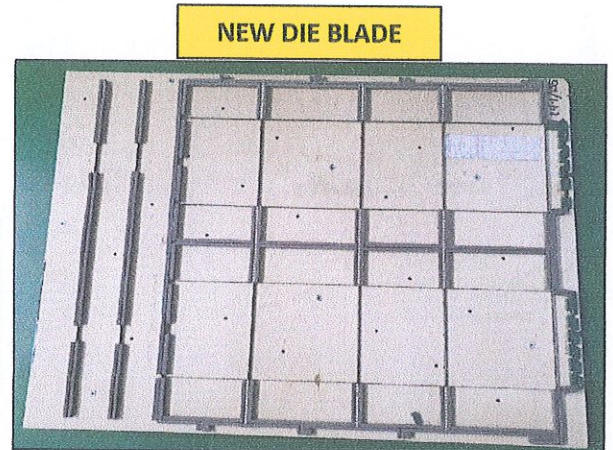
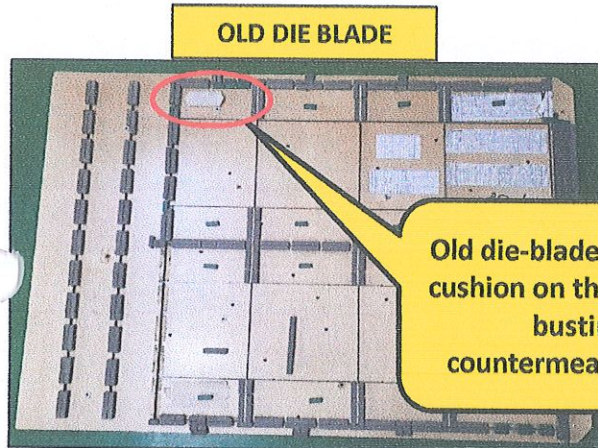
QUALITY ASSURANCE DEPARTMENT		Approved by:		Process Owner Acknowledgment: (Receiving Section)	
<input checked="" type="checkbox"/> Closed	CLOSED	QA Supervisor	QA Asst. Manager	Line Leader	Department Head
<input type="checkbox"/> Still Open		Date: 210414	Date: 210414	Date: 210414	Date: 210414
<input type="checkbox"/> Re-Issued					

DATE AND
SIGNATURE

21 04 14

INVESTIGATION REPORT FOR BURSTING OF EPSON IJP 5150864-01 INDIVIDUAL BOX

DIRECT CAUSE PROCESS/MATERIAL	W1- Operator used the new die-blade because the old die-blade is already worn-out.
	W2- For some inexplicable reason, like in the old die-blade before there is random occurrence of bursting on the same portion.



INDIRECT CAUSE (OUTFLOW) PROCESS/MATERIAL	W1- Operator did not expect the same problem before because they used new die-blade.
	W2- They proceed to mass production because no bursting occurs during trial run.
	W3- They did not trap the bursting occurrence during sampling, because the occurrence is randomly and only 80pcs/1,580pcs are affected.

PRODUCTION CORRECTIVE ACTION

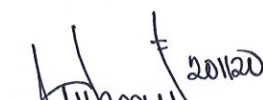
Put Eperan cushion to the affected area, like what they do in the old die-blade.

PIC:	PRODUCTION	TARGET DATE:	201121
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PREPARED BY:


 GERALD DE GUZMAN
 PROD ASST. SUPERVISOR

APPROVED BY:


 WEENA X. APALLA
 SR. SUPERVISOR