

**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

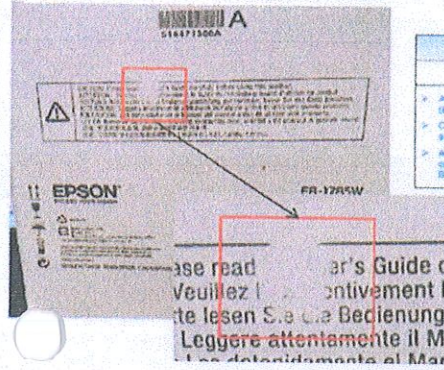
**INVESTIGATION REPORT FORM (IRF)**☐ Inhouse Detection☒ Customer Claim

Control No.: 341

Date Issued: 20 12 04

Customer	EPSON VP
Item Code	5144713-00
Item Description	CARTON BOX (STD)_PH
Job Order Number	WO-20-L-0269-3

Attention To	Mr. Gerald De Guzman / Mr. Rexel Almario
Department	PRD / QA
Date of Detection	20 12 04
Section Detected	CUSTOMER - EPSON VP

**ILLUSTRATION OF THE PROBLEM**☐ Major☒ Minor**DEFECT DESCRIPTION : FADED CHARACTER****JUDGMENT STANDARD**

CLASS		
A	B	C
Acceptable as long as there is no missing character (English characters).		
Only 1 pc. faded character for Japanese character is acceptable.		
Acceptable if faded characters on text have same character/size on the other panel/label of the Carton Box for comparison purposes.		

Lot Quantity (pcs.)

445

Reject Quantity (pcs.)

1

Reject Percentage

0.22%

Nature of Defect:

FADED CHARACTER

Requirement:

Faded character for english text is not acceptable

Actual:

3 lines are have the faded character

NO. OF OCCURRENCE		DISPOSITION		AREA OF OCCURRENCE / ORIGIN		CONTENT
<input checked="" type="checkbox"/> First		<input type="checkbox"/> Hold		<input type="checkbox"/> Slotter	<input type="checkbox"/> Gluing	<input type="checkbox"/> Material
<input type="checkbox"/> Recurrence		<input type="checkbox"/> Special Acceptance		<input checked="" type="checkbox"/> EQOS	<input type="checkbox"/> Vertical	<input type="checkbox"/> Dimension
No.: _____		<input type="checkbox"/> For Rework		<input type="checkbox"/> Diecut	<input type="checkbox"/> Others: _____	<input checked="" type="checkbox"/> Appearance
Date: _____		<input checked="" type="checkbox"/> Reject / Disposal		<input type="checkbox"/> Detaching		<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 / Mr. Rexel Almario 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****OUTFLOW ROOTCAUSE**

- SUBMERGE PORTION OF CORRUGATED BOARD

- ONLY 1pc is AFFECTED OUT OF 445pcs LOT QTY.

**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		
Appr. dees	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 12 05

PIC: A. Vergara

**Identified Rootcause****Recommendation**

> Incomplete application of ink because the material is dent.  
> QA inspector did not check 1 by 1 the layout of the box

**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 07	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	C.A. is implemented
2nd Verification of Action	A. Vergara	20 12 23	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Transfer to KP-Lima
3rd Verification of Action			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Effectiveness of Action	A. Vergara	20 12 22	<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**

STATUS	QUALITY ASSURANCE DEPARTMENT	Approved by:	Process Owner Acknowledgment: (Receiving Section)
<input checked="" type="checkbox"/> Closed <input type="checkbox"/> Still open <input type="checkbox"/> Re-issue IR	<b>CLOSED</b>	QA Supervisor Date: 21 04 14	QA Asst. Manager Date: 21 04 14
		Line Leader Date: 21 04 14	Department Head Date: 21 04 14

DATE AND  
SIGNATURE

# INVESTIGATION REPORT FOR FADED CHARACTER OF 5144713-00 CARTON BOX (STD)\_PH

<b>DIRECT CAUSE</b> PROCESS/MATERIAL	W1- Possible that there is submerge portion on the affected item.
	W2- Caused of submerge is due to heavy object that touch the surface of corrugated board.
	W2- Print did not penetrate in the submerge portion that cause faded character.

<b>INDIRECT CAUSE</b> (OUTFLOW) PROCESS/MATERIAL	W1- The affected item <sup>was</sup> did not trap during sampling.
	W2- Only 1pc is affected out of 445pcs lot qty.

## PRODUCTION CORRECTIVE ACTION

Discuss the Quality Alert to Eqos operator regarding this issue.			
<b>PIC:</b>	<b>PRODUCTION</b>	<b>TARGET DATE:</b>	<b>201207</b>

PREPARED BY:

*[Signature]* 201207  
**GERALD DE GUZMAN**  
PROD ASST. SUPERVISOR

APPROVED BY:

*[Signature]* 201217  
**WEENA V. APALLA**  
SR. SUPERVISOR