

**KANEPACKAGE PHILIPPINE INC.**

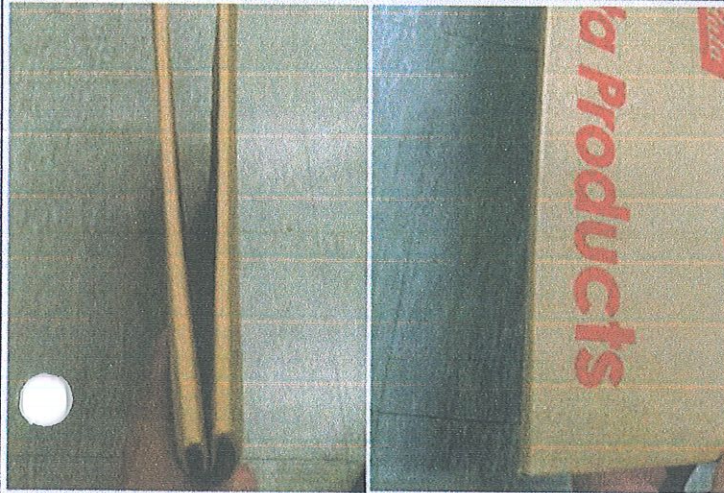
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna
Telephone No. (049) 545-7166 to 69
Fax No. (049) 545-6302

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

Control No.: 347

Date Issued: 20 12 12

Customer	EMORI	Attention To	Mr. Gerald De Guzman
Item Code	HP01D2200C	Department	PRODUCTION
Item Description	CARTON BOX	Date of Detection	20 12 10
Job Order Number	WO-DRS-20-M-01723-7	Section Detected	QA - IN LINE

ILLUSTRATION OF THE PROBLEM☐ Major☒ Minor

Lot Quantity (pcs.)

4,068

Reject Quantity (pcs.)

57

Reject Percentage

1.40 %

Nature of Defect:

EXTRAFOLD

Requirement:

Extrafold is not allowed

Actual:

W/ heavy extrafold

NO. OF OCCURRENCE	DISPOSITION	AREA OF OCCURRENCE / ORIGIN	CONTENT
<input checked="" type="checkbox"/> First <input 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 type="checkbox"/> Diecut <input type="checkbox"/> Detaching <input checked="" 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****OUTFLOW ROOTCAUSE**

- **HARD MATERIALS**

- **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				System	N/A	
WIP	N/A						
FG	N/A						

B. Orientation

Date	N/A	Time	N/A	Design / Tools	N/A
Title	N/A				
Notes	N/A				

C. Reworking

Rework Quantity	N/A	Process	PLS. SEE ATTACHED	
Total Good	N/A			
Rework Percentage (Good)	N/A			

II. QA ROOTCAUSE VERIFICATION (To be filled out by QA In-charge)Date Conducted: 20 12 14PIC: A. Vergara**Identified Rootcause****Recommendation**

> The corners of the creasing is not rounded because it becomes rectangular when the gluing operator pre-fold the item to correct the gap on the glue tab

> Mounting of creasing ^(sponge) in the triple creasing

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 17	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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	21 02 06	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

Status:	Remarks:	Approved by:	Process Owner Acknowledgment: (Receiving Section)
<input checked="" type="checkbox"/> Closed	QUALITY ASSURANCE DEPARTMENT	<input checked="" type="checkbox"/> QA Supervisor Date: <u>21 04 14</u>	<input checked="" type="checkbox"/> QA Asst. Manager Date: <u>21 04 14</u>
<input type="checkbox"/> Still Open		<input type="checkbox"/> Line Leader Date: <u>21 04 14</u>	<input type="checkbox"/> Department Head Date: <u>21 04 14</u>
<input type="checkbox"/> Re-Issue IRF			

DATE AND SIGNATURE21 04 14

INVESTIGATION REPORT FOR EXTRA FOLD OF EMORI HP01D2200C CARTON BOX

DIRECT CAUSE PROCESS/MATERIAL	W1- Die-blade already triple creasing.
	W2- Possible the hardness of materials affects in the folding of items, but not 100% sure.

INDIRECT CAUSE (OUTFLOW) PROCESS/MATERIAL	W1- Operator did not notice the extra fold.
	W2- Out of 4,068pcs lot qty produced only 57pcs are affected.
	W3- Possible the occurrence are randomly.

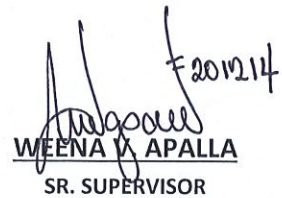
PRODUCTION CORRECTIVE ACTION

Closely monitor this item next running to find concrete possible root cause and to give definite countermeasure.	
PIC:	TARGET DATE:

PREPARED BY:


GERALD DE GUZMAN
PROD ASST. SUPERVISOR

APPROVED BY:


WEENA V. APALLA
SR. SUPERVISOR