

**KANEPACKAGE PHILIPPINE INC.**

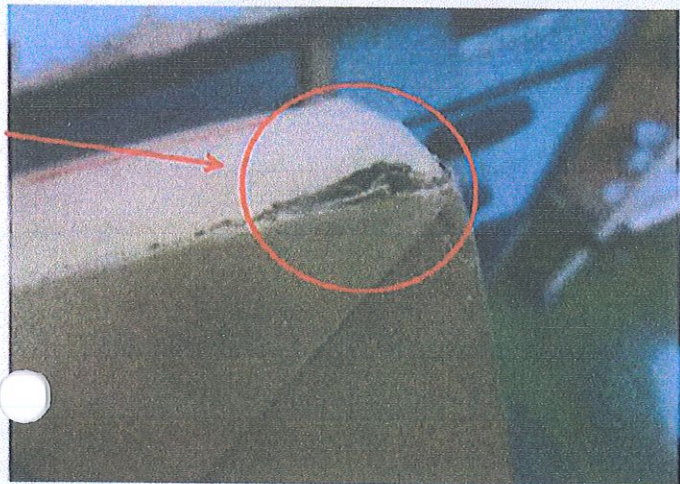
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna  
Telephone No. (049) 545-7166 to 69  
Fax No. (049) 545-6302

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

Control No.: 377

Date Issued: 21 02 06

Customer	EMORI	Attention To	Mr. Gerald De Guzman
Item Code	HP33D1010	Department	PRODUCTION
Item Description	CARTON BOX	Date of Detection	21 02 04
Job Order Number	JODRS21-M-00095-42	Section Detected	QA - SCREENING

**ILLUSTRATION OF THE PROBLEM**☐ Major☒ Minor

Lot Quantity (pcs.)

3,658

Reject Quantity (pcs.)

441

Reject Percentage

12.05%

Nature of Defect:

BURSTING

Requirement:

No bursting on the outer surface of the box

Actual:

W/ Bursting on the smooth surface

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 type="checkbox"/> EQOS	<input type="checkbox"/> Vertical	<input type="checkbox"/> Dimension
No.: _____	<input type="checkbox"/> For Rework	<input checked="" 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 Almaro 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

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

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:

PLS. SEE ATTACHED



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

- THE CLEAR TAPE IN CREASING MATRIX INCREASE THE DIE CUT IMPRESSION IN THE AFFECTED PORTION.

**OUTFLOW ROOTCAUSE**

- BURSTING TRIGGER WHEN THE ITEM FOLD 180 DEGREE ANGLE AND COMPRESSED IN CONVEYOR-3

**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: 21 02 08

PIC: A. Vergara

**Identified Rootcause****Recommendation**

> Tight impression from creasing rule since the clear tape attached on the top of creasing matrix gives additional thickness  
> Warp steel plate.

> Grind the creasing rule to reduce its height  
> Replacement of steel plate.

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

	Checked by	Date	Implemented?		Remarks
1st Verification of Action	A. Vergara	21 02 08	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	C.A. & 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 25	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	C.A. & 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**

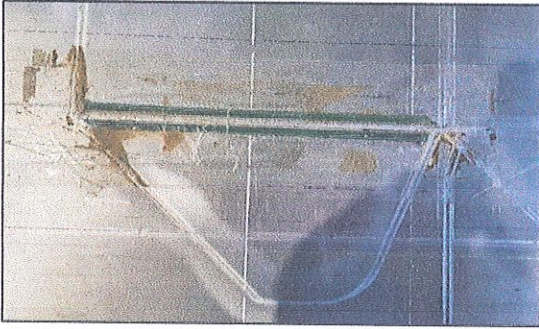
Status:	Remarks:	Approved by:		Process Owner Acknowledgment: (Receiving Section)	
<input checked="" type="checkbox"/> Closed					
<input type="checkbox"/> Still Open					
<input type="checkbox"/> Re-Issue IRF					
<b>QUALITY ASSURANCE DEPARTMENT</b>		QA Supervisor	QA Asst. Manager	Line Leader	Department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

DATE AND  
SIGNATURE



# INVESTIGATION REPORT FOR BURSTING OF EMORI HP33D1010 CARTON BOX

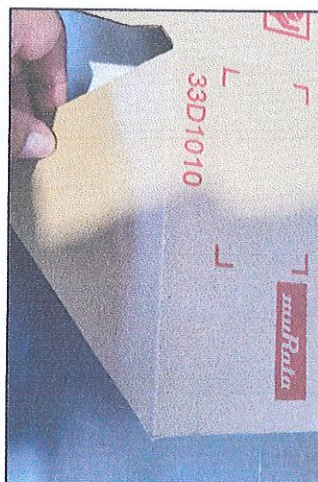
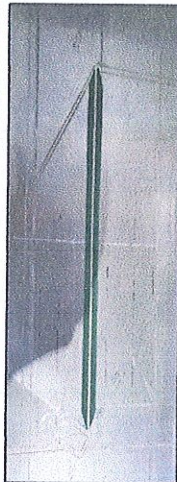
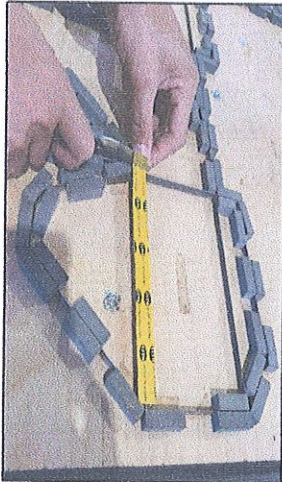
<b>DIRECT CAUSE</b> <b>PROCESS/MATERIAL</b>	W1- Possible the clear tape in creasing matrix is the caused of bursting.
	W2- The thickness of clear tape contribute to increase the diecut impression in the affected portion.



<b>DIRECT CAUSE</b> <b>(OUTFLOW)</b> <b>PROCESS/MATERIAL</b>	W1- Operator did not notice the bursting since its trigger when the item fold 180 degree angle and compressed in Conveyor-3.
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## PRODUCTION CORRECTIVE ACTION

Replace the creasing matrix.



PIC:	PRODUCTION	TARGET DATE:	210208 (DONE)
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PREPARED BY:

*[Signature]* 210208  
**GERALD DE GUZMAN**  
 PROD ASST. SUPERVISOR

APPROVED BY:

*[Signature]* 210208  
**WEENA V. APALLA**  
 SR. SUPERVISOR