

**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

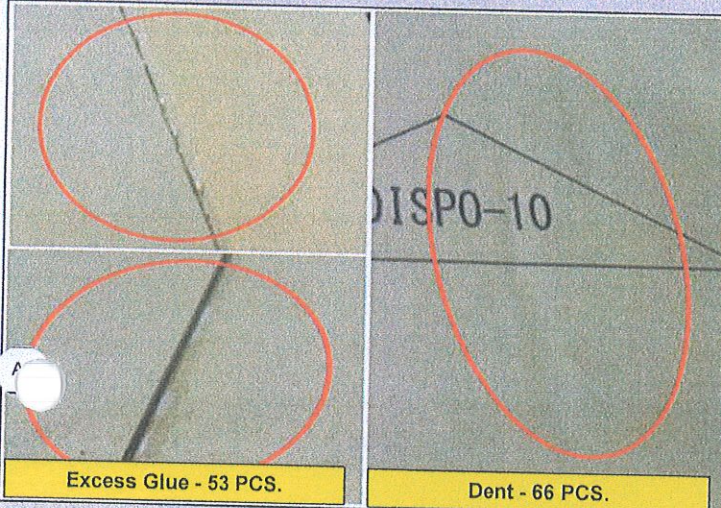
INVESTIGATION REPORT FORM (IRF)☐ Inhouse Detection☒ Customer Claim

Control No.: 335

Date Issued: 20 11 25

Customer	MITSUWA
Item Code	N / A
Item Description	INNER & OUTER BOX
Job Order Number	WO-IPD-1476-1 / WO-IPD-1476-2

Attention To	Mr. Gerald De Guzman
Department	PRODUCTION
Date of Detection	20 11 19
Section Detected	CUSTOMER

ILLUSTRATION OF THE PROBLEM☐ Major☒ Minor

Lot Quantity (pcs.)

Reject Quantity (pcs.)

Reject Percentage

2525

119

4.71%

Nature of Defect:

Excess Glue and Dent

Requirement:

Glue stain: No whitening and it should not be exceed on the creasing line
Dent: Should be located only on the bottom flaps

Actual:

Glue stain has whitening
Dent located on the body of the box

NO. OF OCCURRENCE**DISPOSITION****AREA OF OCCURRENCE / ORIGIN****CONTENT**☒ First
☐ Recurrence

No.: _____

Date: _____

☐ Hold
☐ Special Acceptance
☐ For Rework
☒ Reject / Disposal☐ Slotter
☐ EQOS
☐ Diecut
☐ Detaching☒ Gluing
☐ Vertical
☐ Others: _____☐ Material
☐ Dimension
☒ Appearance
☐ 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:
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**

-THICK APPLICATION OF GLUE

OUTFLOW ROOTCAUSE

- 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

	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		
Issues	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: 201126

PIC: A. Vergara

Identified Rootcause**Recommendation**

>Thick application of glue on the glue tab because the operator did not observe the right amount of glue as illustrated in the WI.

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

	Checked by	Date	Implemented?	Remarks
1st Verification of Action	A. Vergara	21 07 11	[X] Yes [] No	C.A. is implemented
2nd Verification of Action			[] Yes [] No	
3rd Verification of Action			[] Yes [] No	
Effectiveness of Action	A. Vergara	21 07 11	[X] Yes [] 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				
<input type="checkbox"/> Still Open		QA Supervisor	QA Asst. Manager	Line Leader	Department Head
<input type="checkbox"/> Re-issue IRF		Date: 21 07 11	Date: 21 07 11	Date: 21 07 11	Date: 21 07 11
DATE AND SIGNATURE					

INVESTIGATION REPORT FOR THE EXCESS GLUE OF MITSUWA INNER & OUTER BOX


DIRECT CAUSE PROCESS/MATERIAL	W1- Possible the application of glue got thick.
	W2- The process of glue application is manually.
	W3- The thick glue flow out in the glue tab once the boxes compress by weight jig or conveyor.

INDIRECT CAUSE (OUTFLOW) PROCESS/MATERIAL	W1- Once the operator trap the excess glue they immediate wipe out the excess glue using rags.
	W2- Possible operator did not trap the affected during sampling because the occurrence is randomly.

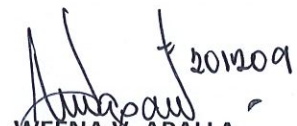
PRODUCTION CORRECTIVE ACTION

Transfer the Gluing process of this item to Semi-Auto Gluing or in new Semi-Auto Gluing coming this month for the automatic application of glue.			
PIC:	PRODUCTION	TARGET DATE:	NEXT RUNNING

PREPARED BY:


GERALD DE GUZMAN
 PROD ASST. SUPERVISOR

APPROVED BY:


WEENA V. APALLA
 SR. SUPERVISOR

4M VARIATION APPLICATION AND APPROVED NOTICE

4M Type: ☒ 4M INTERNAL ☐ 4M EXTERNAL
 4M Severity: ☐ MINOR ☐ MAJOR
 4M Control No.:
 4M Application: ☐ Temporary ☒ Permanent

To be filled out by 4M REQUESTOR

Requestor Name	GERALD DE GUZMAN	Attached Documents: <input type="checkbox"/> QC Process Chart <input type="checkbox"/> Inspection Data/ Evaluation Test Report <input checked="" type="checkbox"/> Manufacturing Drawing <input type="checkbox"/> Packaging Specification <input type="checkbox"/> RoHS Test Report (ICP Test) - if new material <input type="checkbox"/> Safety Data Sheet - if new material
Date of Application	210128	
Customer	MITSUWA	
Part Name	INNER BOX & OUTER BOX	
Part Code	492x127x224 & 492x267x241	
Model	CHINA & JAPAN	
No. of Samples		
No. of Trial: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> Others _____		
Production Schedule Date		

4M Classification: <input type="checkbox"/> MAN <input type="checkbox"/> METHOD <input checked="" type="checkbox"/> MACHINE <input type="checkbox"/> ALL CHANGES <input type="checkbox"/> MATERIAL	Affected Batch No./ Lot No.:
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Content of Changes: Reason for Application:
 Change process from manual gluing to Semi-Auto Gluing To eliminate the glue stain due thick application of glue during manual gl

Prepared <i>GERALD DE GUZMAN</i>	Checked	Approved <i>WENHA APPALA</i>	Assessed by (for KPPI 4M Change) PCO, SO	Issue copy to PCO & S upon approval? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date: 20 01 28	Date:	Date: 20 01 28	Date:	

Note: Approval MUST be Manager level above

To be filled out by 4M EVALUATOR

Received by:

EVALUATION	REQUIRED		RESULT		REFERENCE DOCUMENT
Appearance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Good	<input type="checkbox"/> No Good	
Dimension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Good	<input type="checkbox"/> No Good	
Paper Combination	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Good	<input type="checkbox"/> No Good	
Box Compression Test	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Good	<input type="checkbox"/> No Good	
Destructive (Manual)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Good	<input type="checkbox"/> No Good	
Destructive Test	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Good	<input type="checkbox"/> No Good	
Rub Test	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Good	<input type="checkbox"/> No Good	
Cobb Test	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Good	<input type="checkbox"/> No Good	
XRF Evaluation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Good	<input type="checkbox"/> No Good	
Rain Rate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Good	<input type="checkbox"/> No Good	
Expansion Rate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Good	<input type="checkbox"/> No Good	
ECT / RCT	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Good	<input type="checkbox"/> No Good	
Bursting Test	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Good	<input type="checkbox"/> No Good	
ESD / Static / Anti-static	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Good	<input type="checkbox"/> No Good	

Disposition: <input type="checkbox"/> Accept <input type="checkbox"/> Conditionally Accept <input type="checkbox"/> Reject <input type="checkbox"/> No need customer approval <input type="checkbox"/> Revision of specification <input type="checkbox"/> Return to 4M requestor <input type="checkbox"/> Need customer approval <input type="checkbox"/> Re-submit samples	Remarks: With 4M Violation: <input type="checkbox"/> Yes <input type="checkbox"/> No Effectivity of 4M Change: _____ Old Stocks Treatment: _____ Old Stocks Quantity: _____
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Prepared	Checked	Approved
Date:	Date:	Date:

Lot Identification/ Markings: