

**KANEPACKAGE PHILIPPINE INC.**

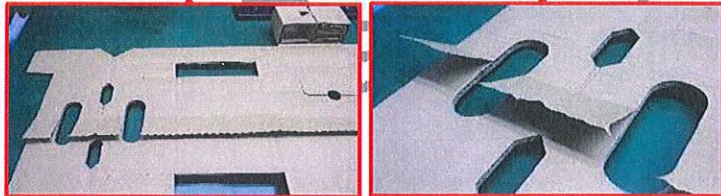
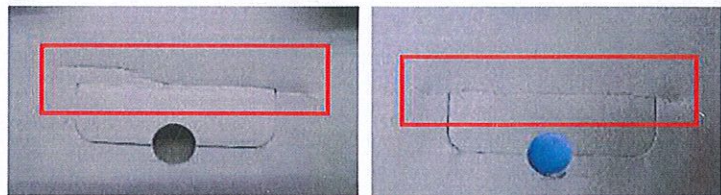
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna
Telephone No. (049) 545-7166 to 69
Fax No. (049) 545-6302

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

Control No.: 413

Date Issued: 21 04 15

Customer	SANYO DENKI	Attention To	Mr. Gerald De Guzman
Item Code	00958861-02	Department	PRODUCTION
Item Description	PAD	Date of Detection	21 04 14
Job Order Number	JO21-M-00423-12	Section Detected	CUSTOMER - SDP

ILLUSTRATION OF THE PROBLEM**EXCESS ON PAD****TORN**

<input checked="" type="checkbox"/> Major	<input type="checkbox"/> Minor	
Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
400	200	50.00%

Nature of Defect:

BURSTING & SPLICE WASTE

Requirement:

SPLICE WASTE: Not Acceptable in any occurrence
BURSTING: Maximum of 50mm only

Actual:

The item has splice waste on its surface and it also has a bursting >50mm

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 checked="" type="checkbox"/> Diecut <input type="checkbox"/> Detaching <input type="checkbox"/> Gluing <input type="checkbox"/> Vertical <input checked="" type="checkbox"/> Others: <u>PARTITION</u>	<input type="checkbox"/> Material <input type="checkbox"/> Dimension <input checked="" type="checkbox"/> Appearance <input type="checkbox"/> Process / Method
Issued by Adrian Vergara QA-IE Staff	Checked by Mr. Roderick Ramos QA Supervisor	Approved by Mr. Rexel Almaria QA Asst. Manager	Received by (Receiving Section) 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: SEE ATTACHED
Design / Toolings	Why 1: Why 2: Why 3: Why 4: Why 5: SEE ATTACHED	Why 1: Why 2: Why 3: Why 4: Why 5: N/A
Process / Material	Why 1: Why 2: Why 3: Why 4: Why 5: SEE ATTACHED	Why 1: Why 2: Why 3: Why 4: Why 5: N/A

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

SEE ATTACHED

OUTFLOW ROOTCAUSE

SEE ATTACHED

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		
Attendees	N/A		

Design / Tools

N/A

C. Reworking

Rework Quantity	N/A
Total Good	N/A
Rework Percentage (Good)	N/A

Process

See attached

II. QA ROOTCAUSE VERIFICATION (To be filled out by QA In-charge)

Date Conducted: 21 04 16

PIC: A. Vergara

Identified Rootcause**Recommendation**

> Brittle materials
> The ejector of the diecut blade is rubber sponge.

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

	Checked by	Date	Implemented?	Remarks
1st Verification of Action	A. Vergara	21 04 19	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ejector on the affected part was replaced
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 05 14	<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	<input type="checkbox"/> Still Open			
<input type="checkbox"/> Re-issue IRF		QA Supervisor	QA Asst. Manager	Line Leader	Department Head
DATE AND SIGNATURE		Date: 21 05 17	Date: 21 06 17	Date: 21 05 17	Date: 21 05 17

INVESTIGATION REPORT FOR 00958861-02 BURSTING & SPLICE WASTE

DIRECT CAUSE PROCESS/MATERIAL	W1- Diecut Blade used Rubber Sponge as an ejector in the creasing blade that may contribute to bursting
	W2-
	W3-

INDIRECT CAUSE (OUTFLOW) PROCESS/MATERIAL	W1- Partition Operators noticed the bursting and raise also concern, but they were advised to continue as the bursting is acceptable
	W2- Partition operators did not noticed the splice waste during process, possible it became visible upon folding of the pad.

PRODUCTION CORRECTIVE ACTION


> For Diecut Blade, coordinated to Tooling Custodians to change the rubber sponge to eperan and to standardized to use eperan on the creasing blades instead of rubber sponge when bursting occurs.

PIC:	PRODUCTION	TARGET DATE:	DONE - 210419
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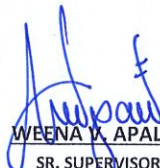
> Coordinate to QA to provide Bursting Limit Criteria in Partition area as well as to provide short orientation on Bursting limits.

PIC:	QA & PRODUCTION	TARGET DATE:	210423
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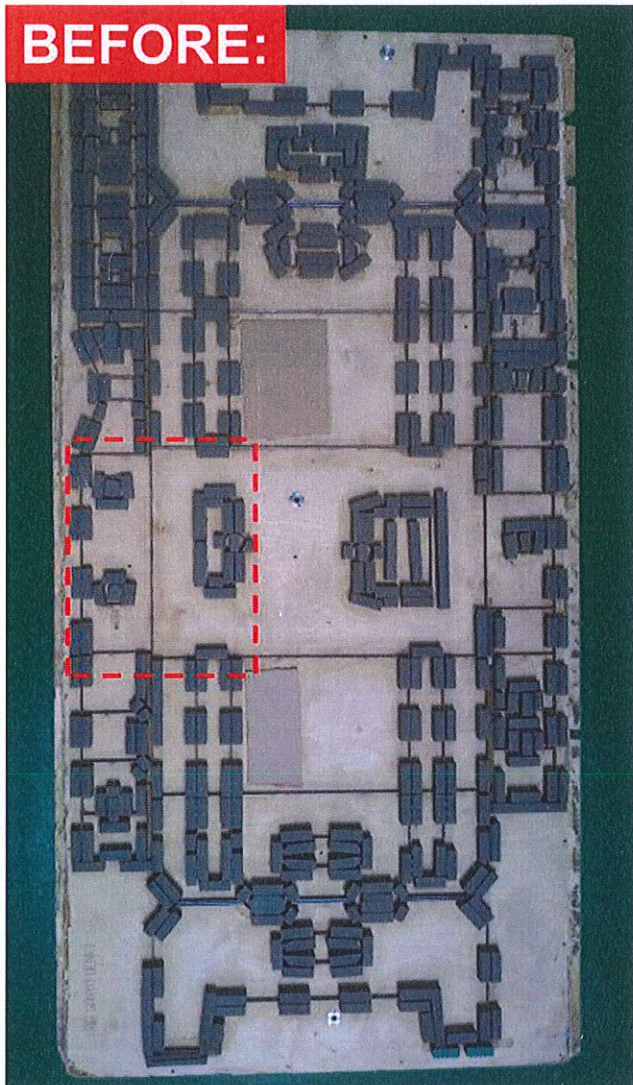
PREPARED BY:


JUDY ANN SARMIENTO
 PRODUCTION STAFF

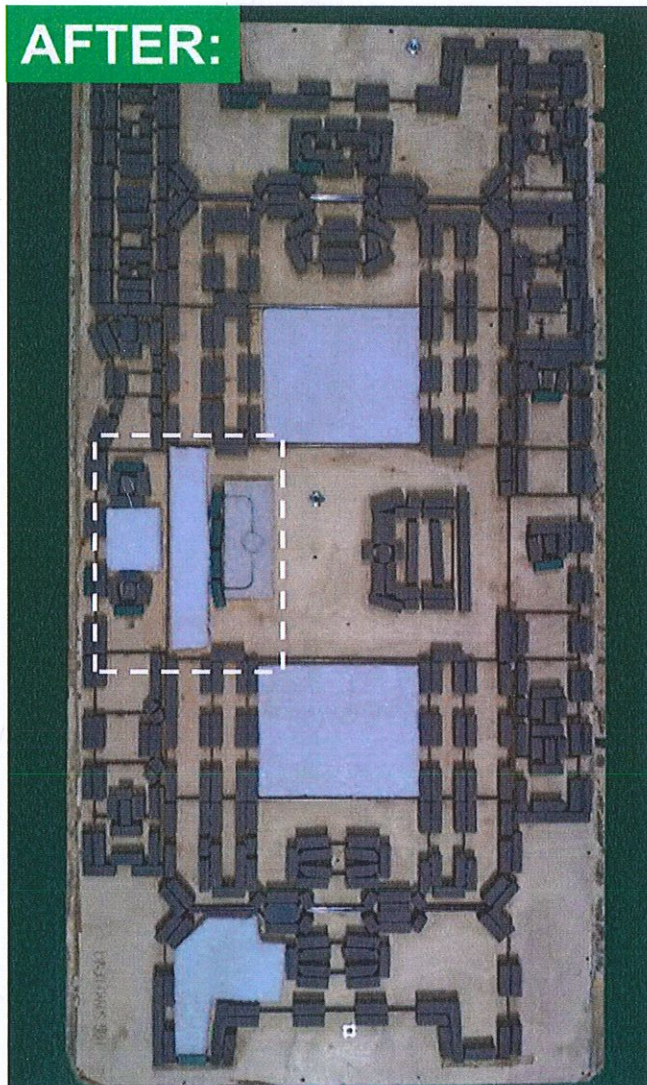
APPROVED BY:

 210420
WEENA A. APALLA
 SR. SUPERVISOR

BEFORE:



AFTER:



The ejector on the affected portion was replaced to Eperan ejector.