

**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

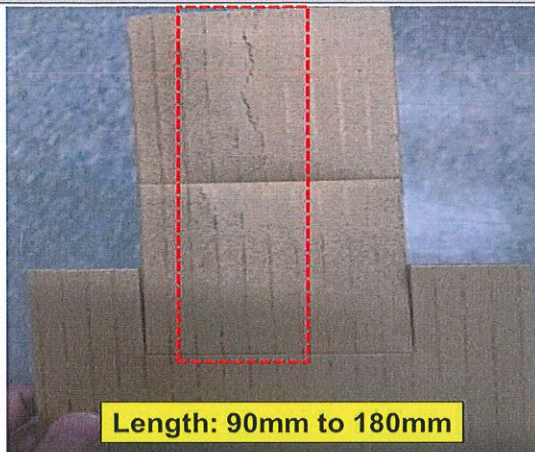
**INVESTIGATION REPORT FORM (IRF)**☒ Inhouse Detection☐ Customer Claim

Control No.: 424

Date Issued: 21 05 17

Customer	SANYO DENKI	Attention To	Mr. Gerald De Guzman
Item Code	01120459-01	Department	PRODUCTION
Item Description	BASE PAT	Date of Detection	21 05 13
Job Order Number	JO-TO-21-IPD-00125-3	Section Detected	QA - SCREENING

## ILLUSTRATION OF THE PROBLEM

☐ Major☒ Minor

Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
288	49	17.01%

Nature of Defect:

BURSTING

Requirement:

50mm bursting only is acceptable

Actual:

Bursting length is 90mm to 180mm

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 type="checkbox"/> Others: _____	<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 Almarino 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: 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 attach Why 4: Why 5:	Why 1: Why 2: Why 3: Please see attached Why 4: Why 5:



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

Lacking of ejector on dieblade

**OUTFLOW ROOTCAUSE**

Occurrence of bursting is random

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 attach

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

Date Conducted: 21 05 18 PIC: A. Vergara

Identified Rootcause

Recommendation

> Lack of ejector attached on the wood.  
No gray sponge in the middle.

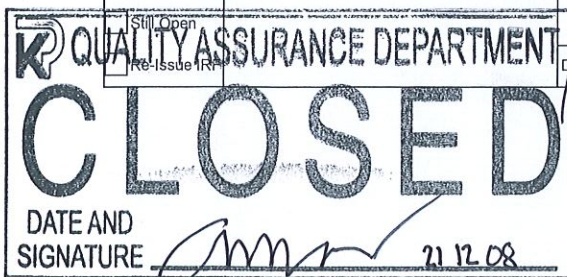
**III. CORRECTIVE ACTION VERIFICATION (To be filled out by QA In-charge)**

	Checked by	Date	Implemented?	Remarks
1st Verification of Action	A. Vergara	21 05 18	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	C.A. 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 12 08	<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**

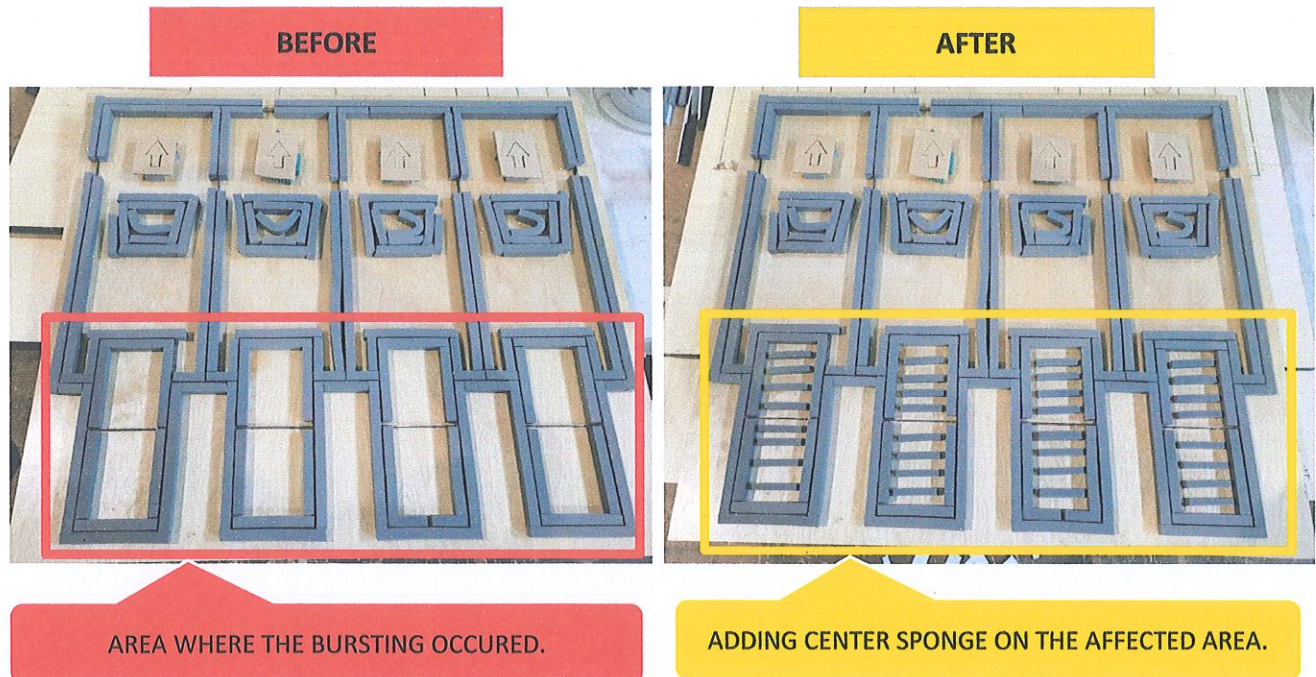
Status:	Remarks:	Approved by:	Process Owner Acknowledgment: (Receiving Section)
<input checked="" type="checkbox"/> Closed		 QA Supervisor	 QA Asst. Manager
		 Line Leader	 Department Head
		Date: 21 12 08	Date: 21 12 08
		Date: 21 12 08	Date: 21 12 08





# INVESTIGATION REPORT FOR BURSTING OF SANYO DENKI 01120459-01

<b>DIRECT CAUSE</b> PROCESS/MATERIAL	W1- Due to not enough center sponge on die blade.
	W2- Due to the side where the bursting occurred doesn't have center sponge to support the item during diecut.



<b>INDIRECT CAUSE</b> <b>(OUTFLOW)</b> PROCESS/MATERIAL	W1- Operator did not notice the occurrence since it is random and it has a total of eight (4) outs on die blade.

## PRODUCTION CORRECTIVE ACTION

> Re-layout the Blade by adding center sponge on the affected area where the bursting occurred.

<b>PIC:</b>	Production	<b>TARGET DATE:</b>	210518
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PREPARED BY:

*210518*  
LET ANN MARIE AVILES  
PROD IE

APPROVED BY:

*210518*  
MEENA K. APALLA  
SR. SUPERVISOR