

**KANEPACKAGE PHILIPPINE INC.**

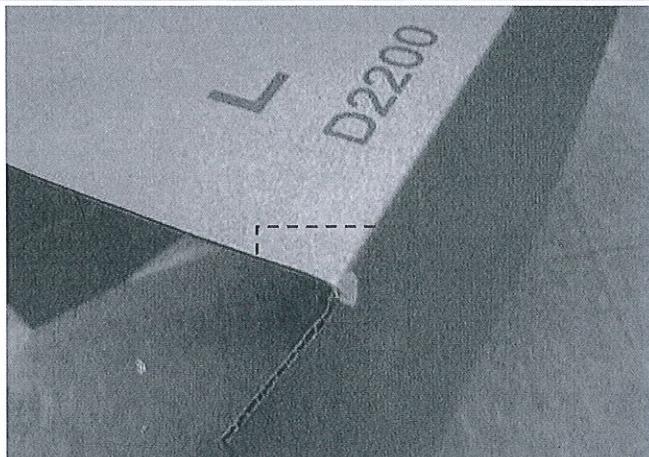
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna
Telephone No. (049) 545-7166 to 69
Fax No. (049) 545-6302

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

Control No.: 460

Date Issued: 21 09 03

Customer	KOWA - EMORI	Attention To	Mr. Gerald De Guzman
Item Code	HP01D2200C	Department	PRODUCTION
Item Description	CARTON BOX	Date of Detection	21 09 02
Job Order Number	JO21-M-01438-1A	Section Detected	PRD - GLUING

ILLUSTRATION OF THE PROBLEM☐ Major☒ Minor

Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
2000	395	19.75%

Nature of Defect:

TEAR OFF

Requirement:

Tear off is not acceptable or should not visible

Actual:

W/ Tear off in the upper lid

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 Almario 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 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**

- WIDER NICK MARK

OUTFLOW ROOTCAUSE

- NOT VISIBLE IF NOT CONDUCTED
PRE-FOLDING

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	Time				Design / Tools	N/A	
Title	N/A						
Attendees	N/A						

C. Reworking

Rework Quantity					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: 21 09 04 PIC: A. Vergara**Identified Rootcause****Recommendation**

> The nickmark on the affected part is getting wider because the nickmark is worn-out

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

	Checked by	Date	Implemented?	Remarks
1st Verification of Action	A. Vergara	21 09 06	<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 09 29	<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
		Date: 21 09 30	Date: 21 09 30

IRISH MAY L. ESTAREJA
Line Leader

Department Head

Date: 21 09 30

Date: 21 09 30

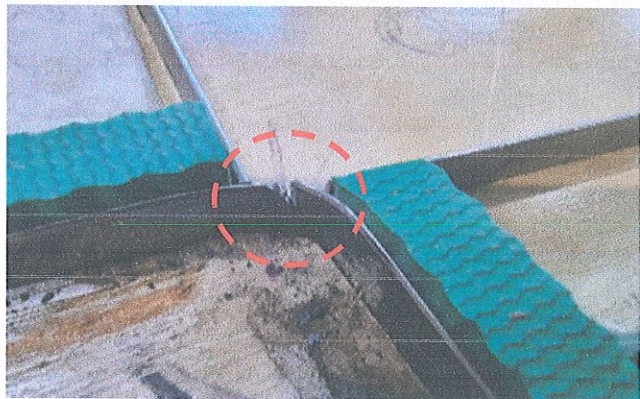
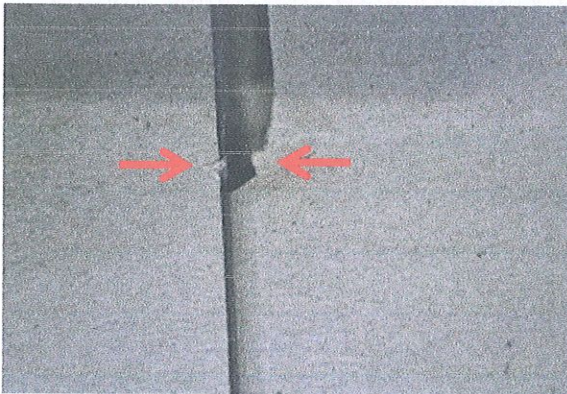
QUALITY ASSURANCE DEPARTMENT

Issue IRF

CLOSEDDATE AND
SIGNATURE
21 09 30

INVESTIGATION REPORT FOR TEAR OFF OF EMORI HP01D2200C CARTON BOX

DIRECT CAUSE PROCESS/MATERIAL	W1- There's a nick mark in the glue tab serve as a guide on the gluing alignment.
	W2- Because the nick mark place in curve portion and the item is fast running, the nick mark get wider and become caused of Tear Off.



INDIRECT CAUSE (OUTFLOW) PROCESS/MATERIAL	W1- Since the item is auto stripping in Eterna, operator did not notice the Tear Off since it is visible when conducted pre-folding in Gluing.
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PRODUCTION CORRECTIVE ACTION

Replacement of cutting blade on the affected portion of Tear Off.			
PIC:	PRODUCTION	TARGET DATE:	200906 (DONE)

PREPARED BY:

210907
GERALD DE GUZMAN
PROD ASST. SUPERVISOR

APPROVED BY:

WEENA V. APALLA
SR. SUPERVISOR