

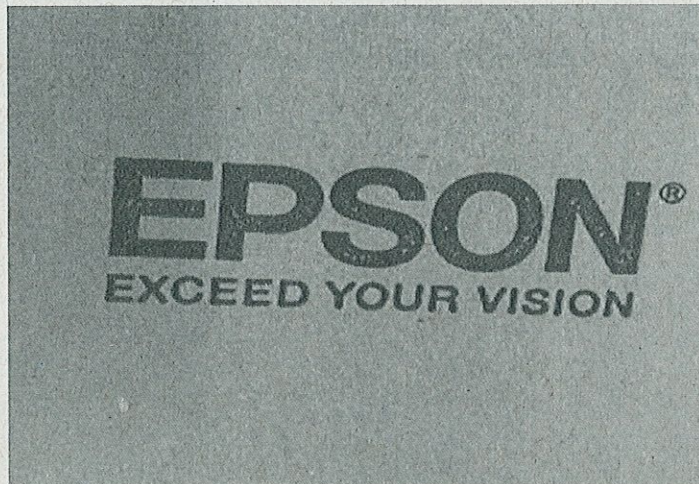
**KANE PACKAGE PHILIPPINE INC.**

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 ClaimControl No.: **467**

Date Issued: 210918

Customer	EPSON PRECISION PHILS. INC (IJP)	Attention To	Mr. Gerald De Guzman
Item Code	5150863-01	Department	Production
Item Description	OUTER BOX	Date of Detection	210916
Job Order Number	JO-DRS21-L-00152-4-20	Section Detected	QA-Screening

ILLUSTRATION OF THE PROBLEM☒ Major☐ Minor

Lot Quantity (pcs.)

1,530

Reject Quantity (pcs.)

51

Reject Percentage

3.33 %

Nature of Defect:

POOR PRINT

Requirement:

without poor print.

Actual:

with poor print.

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 checked="" type="checkbox"/> EQOS <input 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 Rochelle Evangelista QA-IE Staff	Checked by Roderick Ramos QA Sr. Supervisor	Approved by Rexel Almaric QA Asst. Manager	Received by (Receiving Section) 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****OUTFLOW ROOTCAUSE**

- THE END PORTION OF BOARD
IS LITTLE BIT COMPRESS.

- 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****Actions to be done to eliminate recurrence****Who / When**

	Location	Total Stock	NG	Total Good
RM	N/A			
WIP	N/A			
FG	N/A			

System	N/A	
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B. Orientation

Date	N/A	Time	N/A
Title	N/A		
Attendees	N/A		

Design / Tools	N/A	
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C. Reworking

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

Process	PLS. SEE ATTACHED	
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II. QA ROOTCAUSE VERIFICATION (To be filled out by QA In-charge)

Date Conducted: 21 09 21

PIC: A. Vergara

Identified Rootcause**Recommendation**

The end portion of the boards is slightly dented.

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 21	<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 10 01	<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: <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Still Open <input type="checkbox"/> Re-Issue IRF	Remarks: QUALITY ASSURANCE DEPARTMENT CLOSED	Approved by: QA Supervisor Date: 21 10 04	Process Owner Acknowledgment: (Receiving Section) IRISH MAY L. ESTAREJA Line Leader Date: 21 10 04	 Department Head Date: 21 10 04
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**DATE AND
SIGNATURE**

21 10 04

INVESTIGATION REPORT FOR POOR PRINT OF EPSON IJP 5150863-01 OUTER BOX

DIRECT CAUSE PROCESS/MATERIAL	W1- Only the end portion print is affected of poor print and we notice that the end portion of board is little bit compress due to slitting process. This problem is inherent in Slitting process specially on long board since this item is 1,828mm in length.
	W2- Since the end portion is little bit compressed the effect of this during printing process is poor print.



**MARK OF
COMPRESSION**

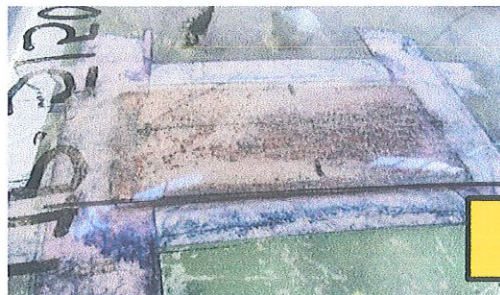
INDIRECT CAUSE (OUTFLOW) PROCESS/MATERIAL	W1- Operator & QA patrol did not notice the occurrence of poor print during sampling since it occurs randomly with only 3.33% and the mass production time is only 30mins.
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PRODUCTION CORRECTIVE ACTION

Put backing film at the end portion of cyrel where the poor print occurs for better print impression to compressed end portion of board.



BEFORE



AFTER

PIC:	PRODUCTION	TARGET DATE:	200921 (DONE)
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PREPARED BY:

GERALD DE GUZMAN
PROD ASST. SUPERVISOR

APPROVED BY:

WEENA V. APALLA
SR. SUPERVISOR