

**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

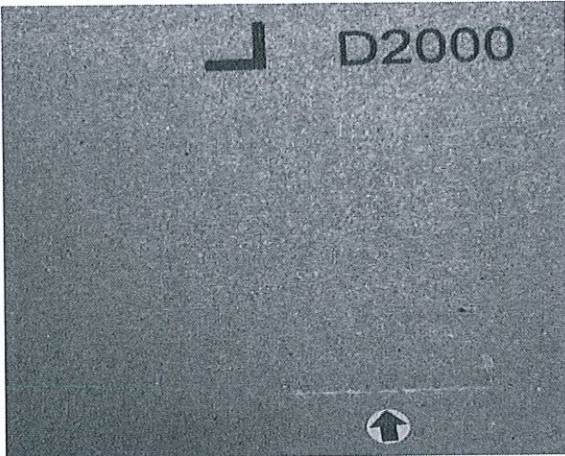
**INVESTIGATION REPORT FORM (IRF)**☒ Inhouse Detection☐ Customer Claim

Control No.: 473

Date Issued: 21 10 13

Customer	KOWA EMORI	Attention To	Mr. Gerald De Guzman
Item Code	HP01D2000	Department	PRODUCTION
Item Description	CARTON BOX	Date of Detection	21 10 12
Job Order Number	JO21-M-01629-8	Section Detected	QA - SCREENING

## ILLUSTRATION OF THE PROBLEM

☐ Major☒ Minor

Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
6000	100	1.67%

## Nature of Defect:

DENT

## Requirement:

No dent mark on the surface of the box

## Actual:

W/ Dent on the body of the box

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	Checked by	Approved by	Received by (Receiving Section)
 Adrian Vergara QA-IE Staff	 Mr. Roderick Ramos 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 1:	
	Why 2:	Why 2:	
	Why 3:	Why 3:	
	Why 4:	Why 4:	
	Why 5:	Why 5:	
Design / Toolings	Why 1:	Why 1:	
	Why 2:	Why 2:	
	Why 3:	Why 3:	
	Why 4:	Why 4:	
	Why 5:	Why 5:	
Process / Material	Why 1:	Why 1:	
	Why 2:	Why 2:	
	Why 3:	Why 3:	
	Why 4:	Why 4:	
	Why 5:	Why 5:	



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

- THE STRIPPING BLADE IS POINTED  
AND LITTLE BIN IN UPWARD POSITION.

- DENT DID NOT NOTICE IMMEDIATELY

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

**C. Reworking**

Rework Quantity	N/A	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 10 14 PIC: A. Vergara**Identified Rootcause****Recommendation**

> The stripper blade on the female stripper  
has a sharp corner & slanted

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

	Checked by	Date	Implemented?	Remarks
1st Verification of Action	A. Vergara	21 10 18	[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 11 04	[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**

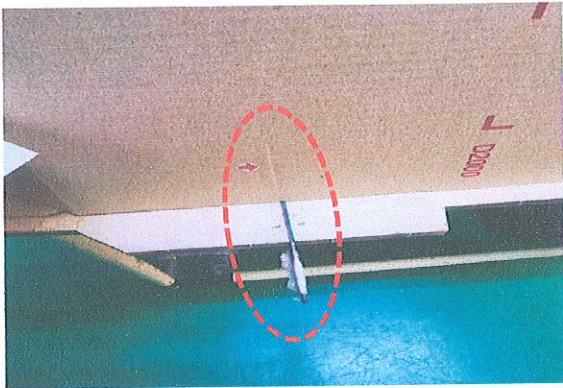
Status:	Remarks:	Approved by:	Process Owner Acknowledgment: (Receiving Section)
<input checked="" type="checkbox"/> Closed			
QA Supervisor	QA Asst. Manager	IRISH MAY L. ESTAREJA Line Leader	Department Head
Date: 21 11 04	Date: 21 11 04	Date: 21 11 04	Date: 21 11 04

**QUALITY ASSURANCE DEPARTMENT**  
**CLOSED**  
DATE AND SIGNATURE Mr. [Signature] 21 11 04



# INVESTIGATION REPORT FOR DENT OF KOWA EMORI HP01D2000 CARTON BOX

<b>DIRECT CAUSE</b> PROCESS/MATERIAL	W1- Dent is due to the stripping blade.
	W2- Because the edge of stripping blade is pointed and blade is little bit in upward position, when the Printed Board is pulled by gripper it caused dent to the item.



<b>INDIRECT CAUSE (OUTFLOW)</b> PROCESS/MATERIAL	W1- Operator did not noticed immediately the dent since they only conduct sampling checking and when they saw the dent they immediately stop the process, pushed the Stripping Blade downward and put adhesive and paper tape.
	W2- Operator removed some of worst dent and included for them is accepted.

## PRODUCTION CORRECTIVE ACTION

<p>Removed the pointed part of Stripping Blade and make it round curved using Grinder Machine.</p>			
PIC:	PRODUCTION	TARGET DATE:	211016

PREPARED BY:

**GERALD DE GUZMAN**  
PROD ASST. SUPERVISOR

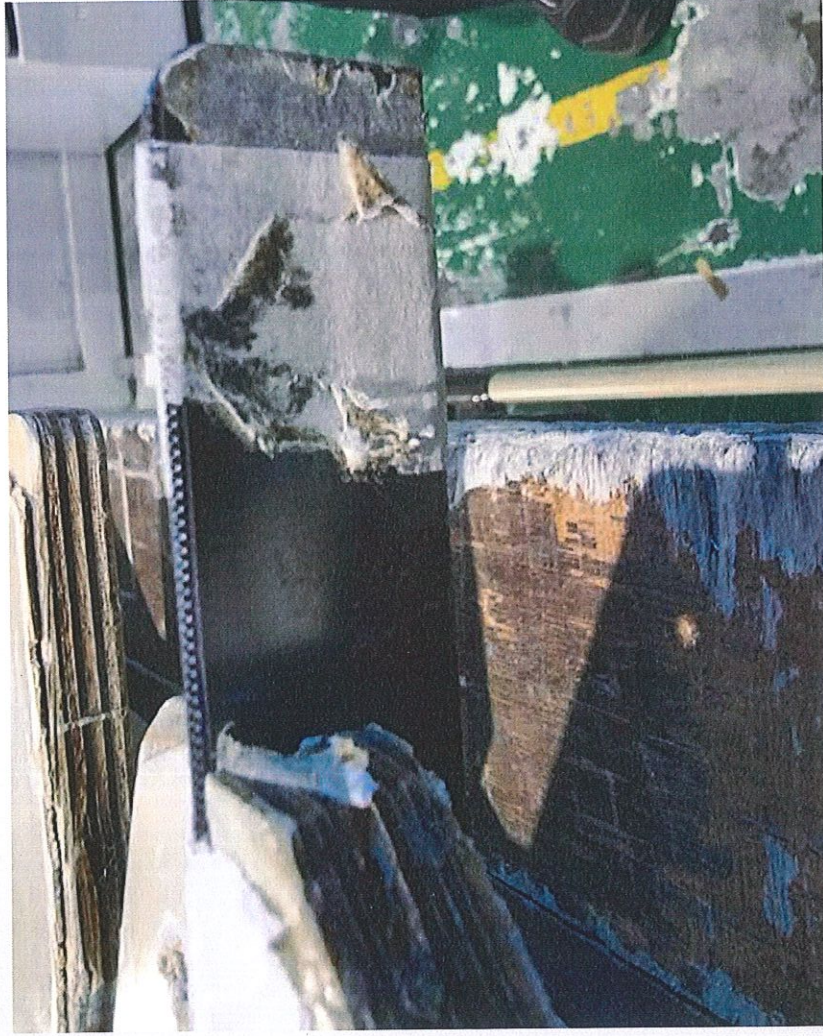
APPROVED BY:

**WEENA A. APALLA**  
SR. SUPERVISOR



# UPDATES:

STRIPPER BLADE ROUNDED CORNERS:



STRAIGHT MOUNTING OF STRIPPER BLADE:

