

**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.: 622

Date Issued: 22 09 12

Customer	KOWA EMORI	Attention To	Gerald De Guzman
Item Code	HP01D2000-3	Department	PRODUCTION
Item Description	OUTER BOX	Date of Detection	22 09 10
Job Order Number	JO22-M-01859-5	Section Detected	QA-SCREENING

ILLUSTRATION OF THE PROBLEM☒ Major☐ Minor

Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
9,000	86	0.96%

Nature of Defect:

MISALIGN GLUE

Requirement:

Must not exceed or far from the creasing line.

Actual:

some exceeded the creasing line while the others are far and misalign from the creasing line.

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 type="checkbox"/> Diecut <input type="checkbox"/> Detaching <input checked="" 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)
Rochelle Evangelista QA-IE Staff	Roderick Ramos QA Sr. Supervisor	Rexel Almario QA Asst. Manager	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**

- DIFFICULTY TO ALIGN THE GLUE TAB DUE TO CREASING GOT MISALIGN.

OUTFLOW ROOTCAUSE

- 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

	Location	Total Stock	NG	Total Good
RM				
WIP				
FG				

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

N/A

B. Orientation

Date		Time	
Title			
Attendees			

Design / Tools

N/A

C. Reworking

Rework Quantity	
Total Good	
Rework Percentage (Good)	

Process

PLS. SEE ATTACHED

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

Date Conducted: _____ PIC: _____

Identified Rootcause**Recommendation**

WHEN THE CREASING ARE HIT THE GLUE DIRECTION THERE IS A TENDENCY THAT IT WILL MISALIGN.

N/A

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

	Checked by	Date	Implemented?	Remarks
1st Verification of Action	R. EVANGELISTA	220913	<input checked="" type="checkbox"/> Yes [] No	
2nd Verification of Action			[] Yes [] No	
3rd Verification of Action			[] Yes [] No	
Effectiveness of Action			[] Yes [] No	

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"/> Open <input type="checkbox"/> Re-Issue IRF	REMARKS: QUALITY ASSURANCE DEPARTMENT	Approved by: _____	Process Owner Acknowledgment: (Receiving Section)
CLOSED	QA Supervisor _____	QA Asst. Manager _____	Line Leader _____
DATE AND SIGNATURE: <u>220913</u> <u>22 1122</u>	Date: <u>22/201</u>	Date: _____	Date: _____

INVESTIGATION REPORT FOR EMORI HP01D2000-3 MISALIGNED GLUE

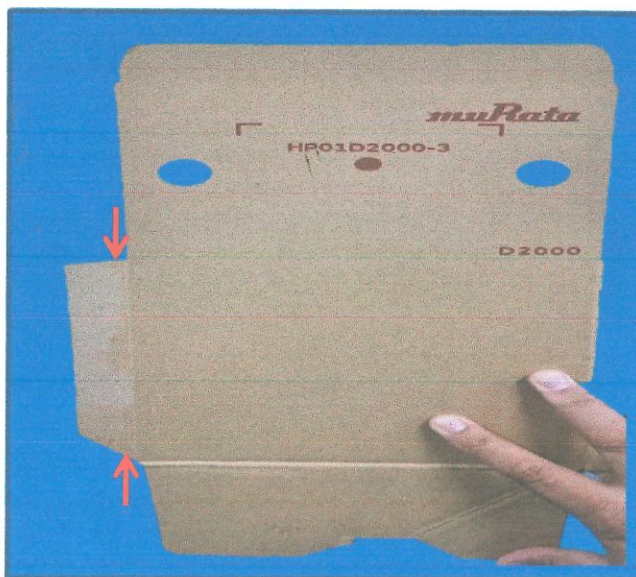
DIRECT CAUSE PROCESS/MATERIAL	W1	There is instances that the creasing got misalign once the creasing rule hit the grain direction line of the board which is hard portion.
	W2	This instances may caused difficulty to align the glue tab and need pre folding or "hilot".
	W3	Since operator got difficulty to align the glue tab its unavoidable to encounter random of misalign gluing.

INDIRECT CAUSE (OUTFLOW) PROCESS/MATERIAL	W1	Since the occurrence is random and this item was 2-line running in SD-1800 there is outflow happened.
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PRODUCTION CORRECTIVE ACTION

1) ORIENT AND ALERT THE OPERATOR REGARDING THIS ISSUE.

2) Put nick mark in the Glue Tab for additional gluing alignment reference to operator.



PIC:	Production	TARGET DATE:	Discuss in 4pm meeting
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PREPARED BY:

[Signature] 220913
GERALD DE GUZMAN
PROD ASST. SUPERVISOR

APPROVED BY:

[Signature] 220913
WEENA V. APALLA
ASST. MANAGER