

**KANEPACKAGE PHILIPPINE INC.**

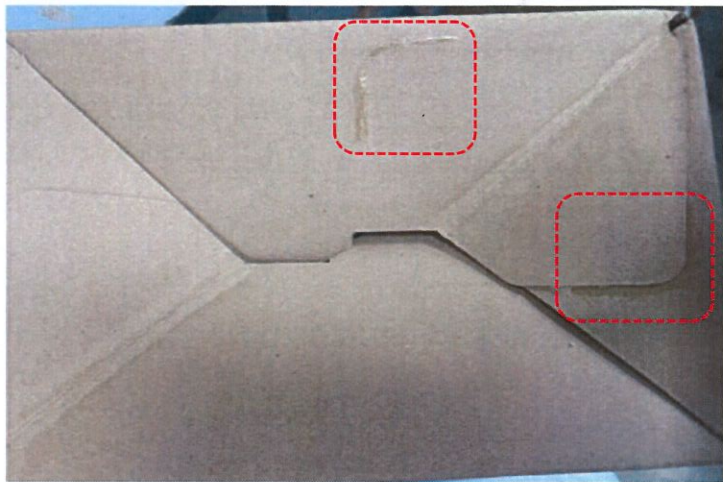
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna
Telephone No. (049) 545-7166 to 69
Fax No. (049) 545-6302

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

Control No.: 600

Date Issued: 22 07 20

Customer	KOWA EMORI	Attention To	Gerald De Guzman
Item Code	HP01D2000-3	Department	Production
Item Description	CARTON BOX	Date of Detection	22 07 19
Job Order Number	JO22-M-01435-1	Section Detected	CUSTOMER

ILLUSTRATION OF THE PROBLEM

<input checked="" type="checkbox"/> Major	<input type="checkbox"/> Minor	
Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
15,000	77	0.51%

Nature of Defect:

GLUE STAIN/EXCESS GLUE

Requirement:

no glue stain and excess glue

Actual:

with glue stain and excess glue on the lower flap

NO. OF OCCURRENCE	DISPOSITION	AREA OF OCCURRENCE / ORIGIN		CONTENT
<input checked="" type="checkbox"/> First	<input type="checkbox"/> Hold	<input type="checkbox"/> Slotter	<input checked="" type="checkbox"/> Gluing	<input type="checkbox"/> Material
<input type="checkbox"/> Recurrence	<input type="checkbox"/> Special Acceptance	<input type="checkbox"/> EQOS	<input type="checkbox"/> Vertical	<input type="checkbox"/> Dimension
No.: _____	<input type="checkbox"/> For Rework	<input type="checkbox"/> Diecut	<input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Appearance
Date: _____	<input checked="" type="checkbox"/> Reject / Disposal	<input type="checkbox"/> Detaching		<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 1:	
	Why 2:	N/A	Why 2:	N/A
	Why 3:		Why 3:	
	Why 4:		Why 4:	
	Why 5:		Why 5:	
Design / Toolings	Why 1:		Why 1:	
	Why 2:	N/A	Why 2:	N/A
	Why 3:		Why 3:	
	Why 4:		Why 4:	
	Why 5:		Why 5:	
Process / Material	Why 1:		Why 1:	
	Why 2:		Why 2:	
	Why 3:	PLS. SEE ATTACHED	Why 3:	PLS. SEE ATTACHED
	Why 4:		Why 4:	
	Why 5:		Why 5:	

INVESTIGATION REPORT FOR KOWA EMORI HP01D2000-3 CARTON BOX GLUE STAIN

DIRECT CAUSE PROCESS/MATERIAL	W1	The factor we consider is the thick application of glue in the lower flap lock.
	W2	Operator cant 100% control the application of glue even they are authorized since they need to apply it in elevated position
	W3	The little bit thicker application of glue may caused leak out due to compression of items during feeding in conveyor-3.



**GLUE APPLICATION IN
ELEVATED POSITION**

INDIRECT CAUSE (OUTFLOW) PROCESS/MATERIAL	W1	Operator didn't notice the affected of glue stain since the occurrence are randomly with only 77pcs out of 15,000pcs lot quantity or 0.51% reject percentage.
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PRODUCTION CORRECTIVE ACTION

Alert the operator regarding this issue and re-orient regarding Glue Application Guidelines.

PIC:	PRODUCTION	TARGET DATE:	220726
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PREPARED BY:

[Signature]
GERALD DE GUZMAN
PROD ASST. SUPERVISOR

APPROVED BY:

[Signature]
WEENA V. APALLA
ASST. MANAGER

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

— THICK APPLICATION OF GLUE

— RANDOM 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				
WIP				
FG				

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

THICK APPLICATION OF GLUE

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	220722	[X] Yes [] No	N/A
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:	Remarks:	Approved by:	Process Owner Acknowledgment: (Receiving Section)	
<input type="checkbox"/> Closed	CLOSED		Line Leader	Department Head
<input type="checkbox"/> Still Open				
<input type="checkbox"/> Re-Issue IRF				
DATE AND SIGNATURE	Date:	Date:	Date:	Date:

22/130

22/24

MINUTES OF THE MEETING

Date: 23/02/21 Time: 15:20H Total: 1625H Venue: Bldg-100A

ATTENDEES:

Name	Dept.	Sign	Name	Dept.	Sign
Gerardo De Cerna	Conveyor 2	[Signature]			
EDDY A. BARRERA	Conveyor 3	[Signature]			
ROBERTO S. JUANES	Conveyor 5	[Signature]			
WILLIAM P. MONTANO	Conveyor 3	[Signature]			
Jay G. Jaran	Conveyor	[Signature]			
Jr. Bernaling	Conveyor 3	[Signature]			

AGENDA:

ORIENTATION REGARDING KOWA EMORI
HP01D2000-3 CARTON BOX GLUE STAIN

page 1 of 1

MINUTES:

INDIRECT CAUSED: Operator can't 100% control the application of glue even they are authorized since they need to apply it in elevated position

CORRECTIVE ACTION:

> Always alert in glue application for this item and also to similar items with 2nd gluing process of lower flap lock since need to apply the glue in elevated position.

> Always follow the guidelines regarding proper glue application posted in the area.

FOLLOW UP MEETING:

(date & time)

or KPP1 fill up only

Prepared by:

Reviewed by:

Noted by:

[Signature]