

# ABNORMALITY REPORT

## VI. Item Information

Item Code	5163785-00	Customer	EPPI
Item Description	LIME 2 FB AMERICA	Delivery Date	N/A
Detection (Section / Area)	INLINE QA M4/DS	Job Order Number	JO-35657
Purchase Order Number		External Provider	IN-HOUSE
Delivery Receipt Number	9397	Item Date Received	N/A

## VII. Sorting Instructions

## VIII. Sorting Details

Sorting Date	Sorting Time		No. of Man-power	Lot Number	Sorted Quantity	Reject Quantity	Defect Name	Sorted by
	Start	End						
	Total Sorting Hours			Total No. of Manpower	Total Sorted Quantity	Total Reject Quantity	Total Good Quantity	Rejection Rate (%)
Sorting Result								
R&R Verification								

## IX. Reworking Instructions

## X. Reworking Result

Reworking Date	Reworking Time		# of Man-power	Lot Number	Reworked Quantity	Good Quantity	Reject Quantity	Rejection Rate (%)
	Start	End						
Reworked by / Department					Endorsed to / Department			

## XI. Reinspection Result

Reinspection Date	Reworking Time		# of Man-power	Lot Number	Reinspected Quantity	Good Quantity	Reject Quantity	Rejection Rate (%)
	Start	End						
Inspected by			Verified by		Noted by		Approved by	
QA Inspector			QA Line Leader/Sub-Leader		QA Supervisor		QA Head	

Note: All details must be filled out completely.  
Submit this form to Line Leader immediately after accomplishment.



<b>KANE PACKAGE PHILIPPINE INC.</b> No. 5 Fing Road LISP II, Brgy. La Mesa, Calamba City, Laguna Telephone No. (043) 545-7166 to 69 Fax No. (043) 545-6302		INVESTIGATION REPORT					
		Prepared By:		Checked By:		Approved By:	
DATE: July 02, 2024		C. JAVIER PROD LL		M. CEPEDA PROD SV		R. DIAZ KPLIMA Operations Prod Mgr.	

5M REVIEW		DOCUMENT REVIEW					
MAN	No Changes	Affected Document:	Date Reviewed:	Disposition:		PIC:	Target Date:
MACHINE	No Changes	Procedure Manual		<input type="checkbox"/> With Revision	<input type="checkbox"/> No Revision	K.N.ACUIN	N/A
MATERIAL	No Changes	Work Instruction		<input type="checkbox"/> With Revision	<input type="checkbox"/> No Revision	K.N.ACUIN	N/A
METHOD	No Changes	Process Flow	240510	<input type="checkbox"/> With Revision	<input type="checkbox"/> No Revision	K.N.ACUIN	N/A
ENVIRONMENT	No Changes	Forms		<input type="checkbox"/> With Revision	<input type="checkbox"/> No Revision	K.N.ACUIN	N/A

**I. PROBLEM DESCRIPTION**  
**1.1. ISSUE:**  
 DELAMINATION  
**1.2. ITEM DESCRIPTION:**  
 PART CODE: 5163785-00 / 5162977-00  
 PART NAME: LIME 2 FB ICB FOR AMERICA / LOUVRE 2 MDX ICB FOR ASIA  
**1.3. BACKGROUND:**  

**PICTURE**

**DETAILS:**  
 >Inhouse Detection : DELAMINATION  
 >Lot size: 698PCS / 297PCS / 148PCS  
 >Reject Qty: 40PCS / 16PCS / 14PCS  
 >Rejection Rate: 5.73% / 5.39% / 9.46%  
 >JO#: 35657 / 39433 / 38666

**IMMEDIATE ACTION**  
**PROCESS FLOW CHART**  

```

graph LR
    Start((Start)) --> LAMINATION[LAMINATION]
    LAMINATION --> DIECUT[DIECUT]
    DIECUT --> GLUING[GLUING]
    GLUING --> INSPECTION[INSPECTION]
    INSPECTION --> WHS[WHIS (STORAGE)]
    WHS --> LOADING[LOADING]
    LOADING --> DELIVERY[DELIVERY]
    DELIVERY --> End((End))
          
```

ACTION ITEMS	Target Date:	Person In-charge
MEETING WITH CONCERN OPERATOR	JULY 05, 2024	PRODUCTION LEADER

**III. CAUSE ANALYSIS:**

WHY 1:	WHY DILAMINATION OCCURED? BECAUSE ITEM HAS WARP CONDITION.
WHY 2:	WHY ITEM HAS WARP CONDITION. BECAUSE DURING ISSUANCE OF RAW MATERIALS OPERATOR NOTICE THAT ITEM HAS NO PROVIDED WEIGHTS AT THE TOP OF IT.
WHY 3:	WHY DURING ISSUANCE OF RAW MATERIALS OPERATOR NOTICE THAT ITEM HAS NO PROVIDED WEIGHTS AT THE TOP OF IT. BECAUSE NO AVAILABLE WEIGHTS TO BE USED DURING RECEIVING OF ITEM.
WHY 4:	WHY NO AVAILABLE WEIGHTS TO BE USED DURING RECEIVING OF ITEM. BECAUSE ALL WEIGHTS ALREADY USED BY PRODUCTION UPON PROCESSING OF ITEM, CURRENT QUANTITY OF WEIGHTS ARE NOT ENOUGH TO CATER THE RECEIVING & PROCESSED ITEM.
WHY 5:	

**IV. ACTION PLAN:**

1	CONDUCT MEETING REGARDING ON ENCOUNTERED PROBLEM OF DELAMINATION.	PIC:PRODUCTION LEADER July 05, 2024
2	REHIND OPERATOR TO AVOID PROCESS THE ITEM WITH WARP PROBLEM ALSO COORDINATE TO QA TO PROVIDE WEIGHTS AT THE TOP OF THE ITEM TO AVOID WARPAGE PROBLEM, ITEM W/ WARP OCCURRENCE WILL BE SUBJECT FOR REPALLETIZING & PROVIDE PROPER WEIGHTS.	PIC:PRODUCTION LEADER July 05, 2024
3	TO SCHEDULE PRODUCTION TO DO ADDITIONAL WEIGHTS ENOUGH FOR PRODUCTION & QA USAGE.	PIC:PRODUCTION LEADER July 12, 2024

**V. EVIDENCES:**







## ATTENDANCE SHEET

Submitted by:

Jason April

Date:

July 05, 2024

### ACTIVITY

Production meeting, discuss the IRF from OA highlighting the de minimis issue & its improvement.

### Attendees

	FIRST NAME	LAST NAME	DIV. / DEPT.	SIGNATURE
1	Willent	Fatalla	Prod'n	
2	NORIEL	ARCOPEZ	PROD	
3	Mark Louie	Bayani	Prod	
4	JOHN LOUIE	ABENICA	PROD	
5	Mark Vincent	Estipora	Prod	
6	in	Valera	Prod	
7	Gilbert	Detado	Prod.	
8	JERWIN	ARDOH	PROD'N	
9	Almer	Magnay	Prod.	
10	MARK MEZ	PAMOR	PROD	
11	JOSEPH	TIPM8/M	Prod	
12	ALBERT	ALMIRH	Prod	
13	Paul	Aveda	Prod	
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				





**KANEPACKAGE PHILIPPINE INC.**

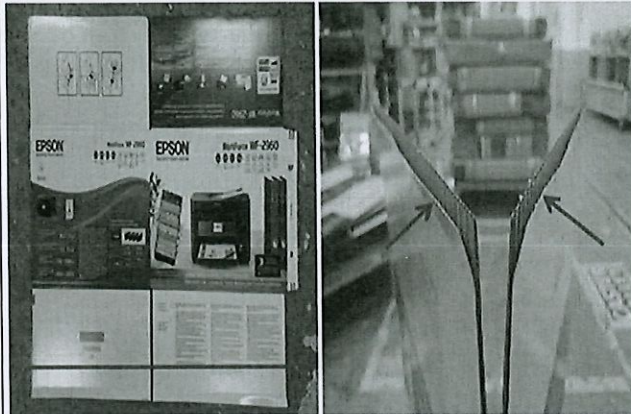
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna  
Telephone No. (049) 545-7166 to 69  
Fax No. (049) 545-6302

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

Control No.: IRF-24-06-0031

Date Issued: 14-Jun-24

Customer	EPPi	Attention To	N. CEPEDA/ R. ALMARIO
Item Code	5163785-00	Department	KPLIMA- PRODUCTION
Item Description	LIME 2 FB ICB FOR AMERICA	Date of Detection	13-Jun-24
Job Order Number	35657	Section Detected	INLINE QA M4/DS

**ILLUSTRATION OF THE PROBLEM**

<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor	
Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
698	40	5.73%

**Nature of Defect:**

DELAMINATION

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF DELAMINATION

**Actual:**DELAMINATION WAS ENCOUNTERED ON THE ITEM  
(PLEASE SEE ATTACHED PICTURE)

NO. OF OCCURRENCE	DISPOSITION	AREA OF OCCURRENCE / ORIGIN	CONTENT
<input checked="" type="checkbox"/> First	<input type="checkbox"/> Hold	<input type="checkbox"/> Slotter	<input type="checkbox"/> Material
<input type="checkbox"/> Recurrence	<input type="checkbox"/> Special Acceptance	<input type="checkbox"/> EQOS	<input type="checkbox"/> Dimension
No.:	<input type="checkbox"/> For Rework	<input type="checkbox"/> Diecut	<input type="checkbox"/> Appearance
Date:	<input checked="" type="checkbox"/> Reject / Disposal	<input type="checkbox"/> Detaching	<input checked="" type="checkbox"/> Process / Method
			LAMINATION
Issued by	Checked by	Approved by	Received by (Receiving Section)
M. Apolonuevo QA Staff 2024-06-14	G. Magsino QA Supervisor	QA Asst. Manager	N. Cepeda/ R. Almario Head/ Supervisor/ Manager

**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: Why 4: Why 5:	Why 1: Why 2: Why 3: Why 4: Why 5:
Design / Toolings	Why 1: Why 2: Why 3: Why 4: Why 5:	Why 1: Why 2: Why 3: Why 4: Why 5:
Process / Material	Why 1: Why 2: Why 3: Why 4: Why 5:	Why 1: Why 2: Why 3: Why 4: Why 5:

target date: June 17, 2024



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Telephone No. (049) 545-7166 to 69  
Fax No. (049) 545-6302

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

**B. Orientation**

Date		Time		Design / Tools		
Title						
Attendees						

**C. Reworking**

Rework Quantity		Process		
Total Good				
Rework Percentage (Good)				

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

Date Conducted: \_\_\_\_\_ PIC: \_\_\_\_\_

Identified Rootcause	Recommendation

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

	Checked by	Date	Implemented?	Remarks
1st Verification of Action			[ ] 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.

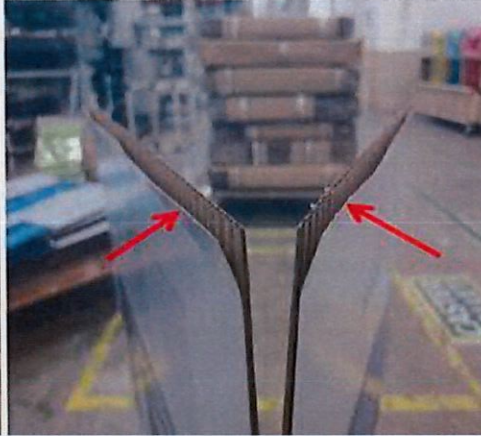
**IV. CLOSURE**

Status:	Remarks:	Approved by:		Process Owner Acknowledgment: (Receiving Section)	
<input type="checkbox"/> Closed		QA Supervisor	QA Asst. Manager	Line Leader	Department Head
<input type="checkbox"/> Still Open					
<input type="checkbox"/> Re-Issue IRF		Date:	Date:	Date:	Date:



Item Code	5163785-00	Customer	EPPI
Item Description	LIME 2 FB AMERICA	Delivery Date	N/A
Detection (Section / Area)	INLINE QA M4/DS	Job Order Number	JO-35657
Inspection Date	13/06/2024	External Provider	IN-HOUSE
Affected Quantity	40/698 5.73%	Date Received	N/A
Problem Description	<b>DELAMINATION</b>	Delivery Receipt Number	9397

## II. Visual Reference (Defect Illustration)



DELAMINATION OCCUR ON LOWER FLAP CLASS B/C  
DETECTED IN SEMI AUTO 4  
PROCESS ON JUNE 11, 2024  
NS LAMINATION 2  
WITH 40/698

## III. Documented Information Review (To be filled out by QA Line leader)

Related Doc. Info.	Control Number	Requirement:	ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF <b>DELAMINATION</b>
<input type="checkbox"/> Procedure Manual :		Actual:	<b>DELAMINATION ON LOWER FLAP CLASS B/C</b>
<input type="checkbox"/> Technical Drawing :		Conclusion and Recommendation:	<b>CHECKING VISCOSITY OF GLUE CHECKING OF MATERIALS</b>
<input type="checkbox"/> Work Instruction :			<input type="checkbox"/> Applicable
<input type="checkbox"/> Job Order :			<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Reports :			
<input type="checkbox"/> Defect Limit :			

## IV. Initial Disposition (To be filled out by ME Department If Needed)

## V. Final Disposition

<input type="checkbox"/> Good	<input type="checkbox"/> Conditional (Please indicate details)	<input checked="" type="checkbox"/> Rejected	<input type="checkbox"/> Conditional (Please indicate details)
<input checked="" type="checkbox"/> Rejected		<input type="checkbox"/> Backload	
<input type="checkbox"/> Backload		<input type="checkbox"/> Good	
		<input type="checkbox"/> For Sorting	
		<input type="checkbox"/> For Rework	
		Person In Charge	Target Date
			Signature

Remarks:

FOR REMARK

Detected by	Checked by	Initial Approved by (If Needed)	Noted by	Approved by
C. ARADA	R. MANALO			
QA Inspector	QA Line Leader	ME Supervisor	QA Supervisor	QA Head

<b>Important: Backloading Policy (External Provider Rejects)</b> Rejection rate that is more than 80% of the total quantity shall be approved by Top Management before backloading.	Evaluation	Approved by	Final Disposition
	<input type="checkbox"/> <80% No Need <input type="checkbox"/> >80% Need	Top Management	<input type="checkbox"/> Backload <input type="checkbox"/> Accept <input type="checkbox"/> Other _____