

INVESTIGATION REPORT

Prepared By:

Checked By:

Approved By:

DATE: July 12, 2024

C. XAVIER
PROD LL

N. CEPEDA
PROD SV

R. ALVARO
KPLIMA Operations Prod Mngr.

5M 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

DOCUMENT REVIEW

I. PROBLEM DESCRIPTION

1.1. ISSUE:

POOR PRINT

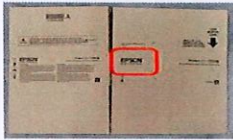
1.2. ITEM DESCRIPTION:

PART CODE: 515048700

PART NAME: CARTON BOX

1.3. BACKGROUND:

PICTURE



DETAILS:

>Inhouse Detection : POOR PRINT
>Lot size: 400PCS
>Reject Qty: 20PCS
>Rejection Rate: 5.00%
>JO#: '0191231

IMMEDIATE ACTION

PROCESS FLOW CHART



ACTION ITEMS	Target Date:	Person In-charge
MEETING WITH CONCERN OPERATOR	JULY 12, 2024	PRODUCTION LEADER

III. CAUSE ANALYSIS:

WHY 1:	WHY POOR PRINT OCCURED? BECAUSE THIS OUTPUT WAS PART OF TRIAL RUN. DURING MACHINE SET-UP.
WHY 2:	WHY THIS OUTPUT WAS PART OF TRIAL RUN. DURING MACHINE SET-UP. BECAUSE REJECT ALLOWANCE WAS NOT CONSIDERED DURING ISSUANCE OF DAILY PLAN & JO WHICH NEED TO DECLARED BY OPERATOR TO AVOID LACKING QUANTITY.
WHY 3:	WHY RIAL REJECT ALLOWANCE WAS NOT CONSIDERED DURING ISSUANCE OF DAILY PLAN & JO WHICH NEED TO DECLARED BY OPERATOR TO AVOID LACKING QUANTITY. BECAUSE TRIAL QUANTITY OR REJECTION ALLOWANCE WAS NOT YET ESTABLISHED AS STANDARD IN ISSUANCE OF DAILY PLAN & JO.
WHY 4:	WHY TTRIAL QUANTITY OR REJECTION ALLOWANCE WAS NOT YET ESTABLISHED AS STANDARD IN ISSUANCE OF DAILY PLAN & JO. BECAUSE THIS IS STILL FOR FINALIZATION OF PLANNING.
WHY 5:	

IV. ACTION PLAN:

V. EVIDENCES:

1	CONDUCT MEETING REGARDING ON ENCOUNTERED PROBLEM.	PIC:PRODUCTION LEADER July 12, 2024
2	COORDINATE TO PLANNING & JC TO FINALIZED THE QUANTITY INTENDED FOR TRIAL RUN OR REJECT ALLOWANCE.	PIC:PRODUCTION LEADER July 12, 2024
3	NEED TO INCLUDE IN JO QUANTITY AS EXCESS QUANTITY AS REJECT ALLOWANCE AND ADDITIONAL QUANTITY DURING ISSUANCE OF RAW MAT'L'S. OF WHSE DEPT.	PIC:PRODUCTION LEADER July 15, 2024

INVESTIGATION REPORT

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DOCUMENT REVIEW

2nd REVIEW

Document	Author	Date	Comments	Reviewed	Reviewed Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Document Review: 10/10/2020
Document Review: 10/10/2020
Document Review: 10/10/2020
Document Review: 10/10/2020
Document Review: 10/10/2020



PRODUCTION LINE

JAN 15 2021

REVISIONS TO DOCUMENT

Revision	Author	Date	Comments
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

REVISIONS

REVISIONS

Revision	Author	Date	Comments
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

MINUTES OF THE MEETING

Date: July 12, 2024 Time Start: 11:30 AM Time Finished: 11:45 AM Venue: EDOC Area

ATTENDEES:

Name	Dept.	Sign	Name	Dept.	Sign
Mark Loui Bayan: prod.		<i>[Signature]</i>			
GERON REYES		<i>[Signature]</i>			
Wilbert Patakw	Moden	<i>[Signature]</i>			
Mino Balugo	Prod	<i>[Signature]</i>			

AGENDA:

Meeting due to Poor Print Problem

MINUTES:

page ____ of ____

- always check the output coming from printing process
- separate the output from final process
- check the reject allowance quantity any problem report to leader.

FOLLOW UP MEETING:

(date & time)

for KPPI fill up only

Prepared by:

[Signature]

Reviewed by:

Noted by:

Item Code	5150487-00	Customer	EPPI-VP
Item Description	CARTON BOX	Delivery Date	N/A
Detection (Section / Area)	INLNE QA M3/NS	Job Order Number	JO-47014
Purchase Order Number		External Provider	IN-HOUSE
Delivery Receipt Number	0191231	Item Date Received	N/A

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								

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			

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	

LQA-007-F02 REV.00

**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

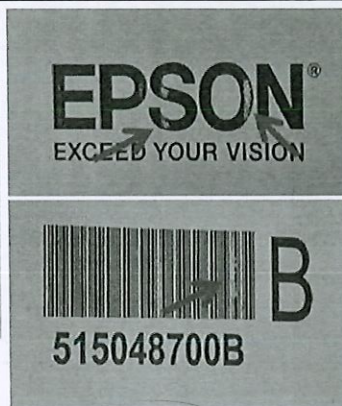
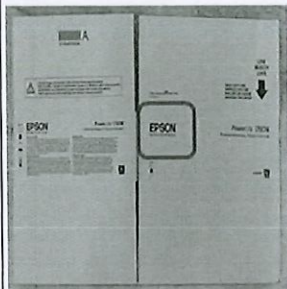
INVESTIGATION REPORT FORM (IRF)☒ Inhouse Detection☐ Customer Claim

Control No.: IRF-24-07-0046

Date Issued: 8-Jul-24

Customer	EPPI-IJP	Attention To	N. Cepeda/R. Almario
Item Code	5150487-00	Department	KPLima Production
Item Description	CARTON BOX	Date of Detection	6-Jul-24
Job Order Number	0191231	Section Detected	INLINEQA M3/NS

ILLUSTRATION OF THE PROBLEM

☐ Major ☒ Minor

Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
400	20	5.00%

Nature of Defect:

POOR PRINT

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF POOR PRINT

Actual:

POOR PRINT 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 checked="" 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
Issued by	Checked by	Approved by	Received by (Receiving Section)
M. Anduezo QA Staff	G. Magino 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 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****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

B. Orientation

Date		Time	
Title			
Attendees			

Design /
Tools**C. Reworking**

Rework Quantity	
Total Good	
Rework Percentage (Good)	

Process

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	

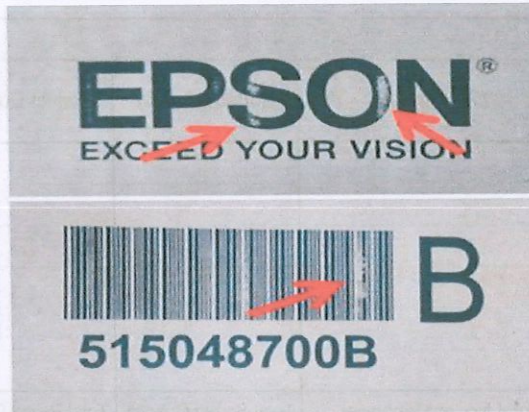
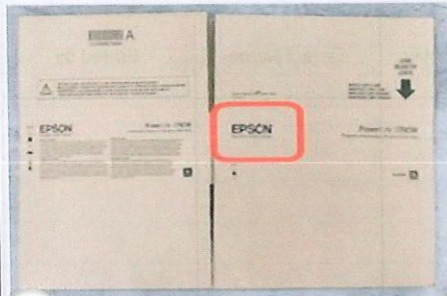
Note: If no same defects / problems occurs for 5 consecutive deliveries, corrective action is considered effective / closed. If the same problem occurs within 5 consecutive deliveries or 3rd verification of action still not yet implemented, Investigation Report shall be re-issued to the affected department 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	5150487-00	Customer	EPPI-VP
Item Description	CARTON BOX	Delivery Date	N/A
Detection (Section / Area)	INLNE QA M3/NS	Job Order Number	JO-47014
Inspection Date	07/06/2024	External Provider	IN-HOUSE
Affected Quantity	20/400 5.00%	Date Received	N/A
Problem Description	POOR PRINT	Delivery Receipt Number	0191231

II. Visual Reference (Defect Illustration)



C/L EQOS

POOR PRINT ON EPSON LOGO/BARCODE
 PANEL B
 DETECTED IN SEMI AUTO 3
 PROCESS ON JUNE 4 DS
 EQOS
 WITH 20/400

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 POOR PRINT
<input type="checkbox"/> Procedure Manual :		Actual:	POOR PRINT ON EPSON LOGO
<input type="checkbox"/> Technical Drawing :			
<input type="checkbox"/> Work Instruction :			
<input type="checkbox"/> Job Order :		Conclusion and Recommendation:	INFORM TO PIC/SUB LEADER/LEADER ABOUT THE DEFECT ENCOUNTERED AND HOW TO PREVENT IT
<input type="checkbox"/> Reports :			<input type="checkbox"/> Applicable
<input type="checkbox"/> Defect Limit :			<input type="checkbox"/> Not Applicable

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:

PART OF EPSON LOGO IS WARPAGE

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

Important: Backloading Policy (External Provider Rejects) 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"/> Backload
	<input type="checkbox"/> >80% Need	Top Management	<input type="checkbox"/> Accept
			<input type="checkbox"/> Other _____