


**KANEPACKAGE PHILIPPINE INC.**

No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna
Telephone No. (049) 5457-7166 to 69
Fax No. (049) 545-6302

INVESTIGATION REPORT FORM (IRF)

Control No.:		Date Issued					
0020		241018					
Customer	SHIMADZU PHILIPPINES MFG. INC.	Attention To	WEENA APALLA				
Item Code	321-60182	Department	PRODUCTION				
Item Description	OUTER BOX, BW	Date of Detection	241015				
Job Order Number	JO24-R-00348-73	Section Detected	QA SCREENING				
ILLUSTRATION OF THE PROBLEM							
		Lot Quantity (pcs)	Reject Qty (pcs)	Reject %			
		20	20	100.00			
		Nature of Defect:					
		DENT					
		Requirement:					
NO DENT MARK							
Actual							
WITH DENT MARK							
NO. OF OCCURENCE		DISPOSITION		AREA OF OCCURENCE / ORIGIN		CONTENT	
<input checked="" type="checkbox"/> First <input type="checkbox"/> Recurrence No.: <u>1</u> Date.: <u>241015</u>		<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 type="checkbox"/> Gluing <input type="checkbox"/> Vertical <input checked="" type="checkbox"/> Others <u>TABLE STITCHING</u>	
Issued by		Checked by		Approved by		Received by (Receiving Section)	
ERIKA ASIS 241018		CHARLENE JAN MARIE FLORES 241025		N/A		N/A	
I. INVESTIGATION / ANALYSIS							
DIRECT CAUSE: (Analyze the reason of occurrence, why it happened?)							
System / Training							
Design / Toolings							
Process / Material							

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INVESTIGATION REPORT FORM (IRF)**INDIRECT CAUSE: (Analyze the reason of occurrence, why it leaked?)****System / Training****Design / Toolings****Process / Material****FINAL CONCLUSION****CORRECTIVE ACTION: (Actions to be done to ensure that the problem will not happen again)****WHO / WHEN****IMMEDIATE ACTION: (Action to be done to contain/ temporary correct the problem found)****A. Sorting Result**

	Location	Total Stock	NG	Total Good
RM				
WIP				
FG				

C. Reworking

Rework Quantity	
Total Good	
Rework PPM (Good)	

B. Orientation

Date		Time	
Title			
Attendees			

Prepared By:

Approved By:

N/A

N/A

Department Head

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INVESTIGATION REPORT FORM (IRF)**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?	Running	JO Number	Date	NG Qty	Lot Qty
1st Verification of Action			[] Yes [] No	1st				
2nd Verification of Action			[] Yes [] No	2nd				
3rd Verification of Action			[] Yes [] No	3rd				
Effectiveness of Action			[] Yes [] No	4th				
Remarks:				5th				

IV. CLOSURE

Status	Remarks
Still Open	

Approved by:		Process Owner Acknowledgment: (Receiving Section)	
N/A	N/A	N/A	N/A
QA Head	Top Management	Line Leader	Department Head
Date: -	Date: -	Date: -	Date: -