

**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>	<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)
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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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					C. Reworking	
	Location	Total Stock	NG	Total Good	Rework Quantity	
RM					Total Good	
WIP					Rework PPM (Good)	
FG						
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: -