



# 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

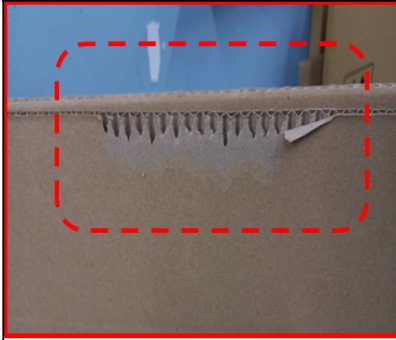
0023

241026

Customer	EPSON PRECISION PHILIPPINES INCORPORATED - IJP
Item Code	513850300
Item Description	PAD, ASF
Job Order Number	JO-24-L-0225-1

Attention To	WEENA APALLA
Department	PRODUCTION
Date of Detection	241019
Section Detected	QA SCREENING

### ILLUSTRATION OF THE PROBLEM



Lot Quantity (pcs)	Reject Qty (pcs)	Reject %
2500	200	8.00

Nature of Defect:

OFF SPECS

Requirement:

40mm tolerance: +/-1mm

Actual

37mm-38mm

**ACTUAL:** With peel off more than 25mm  
**REQUIREMENT:** Acceptable up to 25mm only

NO. OF OCCURENCE	DISPOSITION	AREA OF OCCURENCE / ORIGIN	CONTENT
<input checked="" type="checkbox"/> First <input type="checkbox"/> Recurrence No.: <u>1</u> Date.: <u>241019</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>SLICING</u>	<input type="checkbox"/> Material <input checked="" type="checkbox"/> Dimension <input type="checkbox"/> Appearance <input type="checkbox"/> Process / Method
Issued by	Checked by	Approved by	Received by (Receiving Section)
LESTER JOHN DIOSO   241026	N/A	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					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
Cancelled IRF	

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: -