



# 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.:

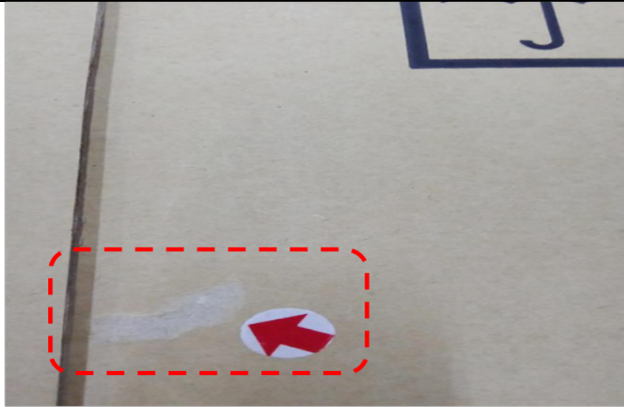
Date Issued

0081

250410

Customer	SANYO DENKI PHILS INC.	Attention To	REXEL ALMARIO
Item Code	00958254-01	Department	PRODUCTION
Item Description	Box Print Specification	Date of Detection	250330
Job Order Number	JO25-M-01043-51	Section Detected	QA SCREENING 3

### ILLUSTRATION OF THE PROBLEM



Lot Quantity (pcs)	Reject Qty (pcs)	Reject %
400	10	2.50

Nature of Defect:

PEEL OFF

Requirement:

Acceptable up to 15mm

Actual

Peel off up to 20mm

**ACTUAL:** Peel off up to 20mm  
**REQUIREMENT:** Acceptable up to 15mm

NO. OF OCCURENCE	DISPOSITION	AREA OF OCCURENCE / ORIGIN	CONTENT
<input checked="" type="checkbox"/> First <input type="checkbox"/> Recurrence No.: <u>1</u> Date.: <u>250330</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 checked="" type="checkbox"/> Gluing <input type="checkbox"/> Vertical <input type="checkbox"/> Others	<input type="checkbox"/> Material <input type="checkbox"/> Dimension <input type="checkbox"/> Appearance <input checked="" type="checkbox"/> Process / Method
Issued by	Checked by	Approved by	Received by (Receiving Section)
LESTER JOHN DIOSO   250410	CHARLENE JAN MARIE FLORES   250421	MICHAEL CASILLANO   250422	GERALD DE GUZMAN   250506

### 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: -