

**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)**

Customer		LINE SEIKI PHILIPPINES, INC.		Attention To		REXEL ALMARIO			
Item Code		RM-ZRY002C		Department		PRODUCTION			
Item Description		STANDARD BOX		Date of Detection		250425			
Job Order Number		JO22-R-00069-2		Section Detected		QA SCREENING 2			
ILLUSTRATION OF THE PROBLEM									
				Lot Quantity (pcs)		Reject Qty (pcs)		Reject %	
				2000		50		2.50	
				Nature of Defect:					
				POOR PRINT					
				Requirement:					
				Poor print on class A is not Acceptable					
				Actual					
				Poor print on class A surface					
NO. OF OCCURENCE		DISPOSITION		AREA OF OCCURENCE / ORIGIN		CONTENT			
<input checked="" type="checkbox"/> First <input type="checkbox"/> Recurrence No.: <u>1</u> Date.: <u>250425</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 checked="" type="checkbox"/> EQOS <input type="checkbox"/> Diecut <input type="checkbox"/> Detaching <input 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   250510		CHARLENE JAN MARIE FLORES   250519		MICHAEL CASILLANO   250519		GERALD DE GUZMAN   250614			
I. INVESTIGATION / ANALYSIS									
DIRECT CAUSE: (Analyze the reason of occurence, 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: -