

**KANE PACKAGE 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
0092	250731

Customer	EPSON PRECISION PHILIPPINES INCORPORATED - IJP	Attention To	WEENA APALLA
Item Code	516700300	Department	KP LIMA PRODUCTION
Item Description	STRATOS SA ICB FOR AMERICA;D	Date of Detection	250728
Job Order Number	JO-0012305	Section Detected	SD1800

**ILLUSTRATION OF THE PROBLEM**

Lot Quantity (pcs)	Reject Qty (pcs)	Reject %
1000	40	4.00

**Nature of Defect:**

PEEL OFF

**Requirement:**

THE ITEM BE IN GOOD CONDITION WITHOUT ANY OCCURENCE OF PEEL OFF

**Actual**

THE PEEL OFF OCCURED ON UPPER FLAP DUE TO UNCUT

NO. OF OCCURENCE	DISPOSITION	AREA OF OCCURENCE / ORIGIN	CONTENT
<input checked="" type="checkbox"/> First	<input type="checkbox"/> Hold	<input type="checkbox"/> Slotter	<input type="checkbox"/> Material
<input type="checkbox"/> Recurrence No.: <u>1</u>	<input type="checkbox"/> Special Acceptance	<input type="checkbox"/> EQOS	<input type="checkbox"/> Dimension
Date.: <u>250728</u>	<input type="checkbox"/> For Rework	<input checked="" type="checkbox"/> Diecut	<input type="checkbox"/> Appearance
	<input checked="" type="checkbox"/> Reject / Disposal	<input type="checkbox"/> Detaching	<input checked="" type="checkbox"/> Process / Method
Issued by	Checked by	Approved by	Received by (Receiving Section)
JAM NIKKA MACARAIG   250731	GLENN MAGSINO   250801	RODERICK RAMOS   250801	NOEMI CEPEDA   250903

**I. INVESTIGATION / ANALYSIS****DIRECT CAUSE: (Analyze the reason of occurrence, why it happened?)****System / Training****Design / Toolings****Process / Material**



## 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						
FG					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			<input type="checkbox"/> Yes <input type="checkbox"/> No	1st				
2nd Verification of Action			<input type="checkbox"/> Yes <input type="checkbox"/> No	2nd				
3rd Verification of Action			<input type="checkbox"/> Yes <input type="checkbox"/> No	3rd				
Effectiveness of Action			<input type="checkbox"/> Yes <input type="checkbox"/> No	4th				
Remarks:				5th				

**IV. CLOSURE**

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