



# 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

0092

250731

Customer	EPSON PRECISION PHILIPPINES INCORPORATED - IJP
Item Code	516700300
Item Description	STRATOS SA ICB FOR AMERICA;D
Job Order Number	JO-0012305

Attention To	WEENA APALLA
Department	KP LIMA PRODUCTION
Date of Detection	250728
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"/> Recurrence No.: <u>1</u> Date.: <u>250728</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 checked="" 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)
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**



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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
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: -