



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

0093

250910

Customer EPSON PRECISION PHILIPPINES INCORPORATED - IJP

Attention To WEENA APALLA

Item Code 5167003-00

Department KP LIMA PRODUCTION

Item Description

Date of Detection 250905

Job Order Number JOL-0015138

Section Detected IN-PROCESS SD1800/ SHIFT B

ILLUSTRATION OF THE PROBLEM

GOOD

REJECT



Lot Quantity (pcs)

Reject Qty (pcs)

Reject %

1000

32

3.20

Nature of Defect:

DAMAGED

Requirement:

ITEM SHOULD BE IN GOOD CONDITION NO OCCURRENCE OF DAMAGED

Actual

DAMAGED ON ACTUAL/ APPEARANCE OCCUR DURING MANUAL DETACHING

NO. OF OCCURENCE

DISPOSITION

AREA OF OCCURENCE / ORIGIN

CONTENT

☒ First
☐ Recurrence No.: 1
Date.: 250905

☐ Hold
☐ Special Acceptance
☐ For Rework
☒ Reject / Disposal

☐ Slotter
☐ EQOS
☐ Diecut
☒ Detaching
☐ Gluing
☐ Vertical
☐ Others

☐ Material
☐ Dimension
☐ Appearance
☒ Process / Method

Issued by

Checked by

Approved by

Received by (Receiving Section)

JAM NIKKA MACARAIG | 250910

MELFORD ANONUEVO | 251009

RODERICK RAMOS | 251009

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
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: -