

**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

0096

251106

Customer EPSON PRECISION PHILIPPINES INCORPORATED - IJP

Attention To WEENA APALLA

Item Code 514723800

Department KP LIMA PRODUCTION

Item Description OUTER CARTON BOX

Date of Detection 251104

Job Order Number 0018885

Section Detected SA2600

ILLUSTRATION OF THE PROBLEM

Lot Quantity (pcs)

Reject Qty (pcs)

Reject %

2000

80

4.00

Nature of Defect:

BURSTING

Requirement:

THE ITEM SHOULD NOT HAVE A ANY OCCURANCE OF BURSTING

Actual

BURSTING ON THE ACTUAL ITEM/ APPERANCE

NO. OF OCCURENCE

DISPOSITION

AREA OF OCCURENCE / ORIGIN

CONTENT

☒ First
☐ Recurrence No.: 1
Date.: 251104

☐ 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 | 251106

N/A

N/A

N/A

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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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
Cancelled IRF	

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: -