

**KANEPACKAGE PHILIPPINE INC.**

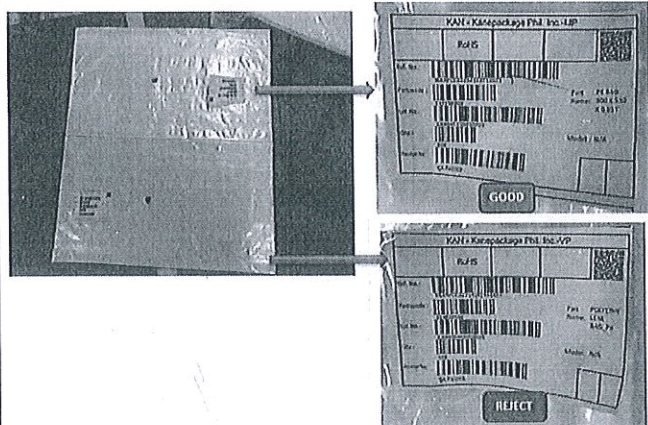
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna
Telephone No. (049) 545-7166 to 69
Fax No. (049) 545-6302

INVESTIGATION REPORT FORM (IRF)☒ Inhouse Detection☐ Customer Claim

Control No.: IRF-00247

Date Issued: FEBRUARY 19, 2022

Customer	EPSON IJP	Attention To	Mr. RAMOS, RODERICK
Item Code	5151983-00	Department	KPLAGUNA QA
Item Description	PE BAG	Date of Detection	FEBRUARY 17, 2022
Job Order Number	KAN04515D010003	Section Detected	KPLIMA OQA

ILLUSTRATION OF THE PROBLEM☐ Major☒ Minor

Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
1,000	100	10.00%

Nature of Defect:

WRONG LOT LABEL Vs. ACTUAL

Requirement:

Item Requirement/Actual item : 5151983-00 PE BAG

Lot label: 5151983-00 PE BAG

Actual:

Item Requirement/Actual item : 5151983-00 PE BAG

Lot label: 5140389-00 PE BAG

NO. OF OCCURRENCE <input type="checkbox"/> First <input type="checkbox"/> Recurrence No.: Date:	DISPOSITION <input checked="" type="checkbox"/> Hold <input type="checkbox"/> Special Acceptance <input type="checkbox"/> For Rework <input type="checkbox"/> Reject / Disposal	AREA OF OCCURRENCE / ORIGIN <input type="checkbox"/> Slotter <input type="checkbox"/> EQOS <input type="checkbox"/> Diecut <input type="checkbox"/> Detaching <input type="checkbox"/> Gluing <input type="checkbox"/> Vertical <input checked="" type="checkbox"/> Others: SCREENING	CONTENT <input type="checkbox"/> Material <input type="checkbox"/> Dimension <input type="checkbox"/> Appearance <input checked="" type="checkbox"/> Process / Method
Issued by QA-IE Staff 22-02-19	Checked by QA Supervisor	Approved by QA Asst. Manager	Received by (Receiving Section) Head/ Supervisor

I. INVESTIGATION / ANALYSIS

	DIRECT CAUSE: (Analyze the reason of occurrence, why it happened?)	INDIRECT CAUSE: (Analyze the reason of occurrence, why it leaked?)
System / Training	Why 1: Why 2: Why 3: N / A Why 4: Why 5:	Why 1: Why 2: Why 3: N / A Why 4: Why 5:
Design / Toolings	Why 1: Why 2: Why 3: N / A Why 4: Why 5:	Why 1: Why 2: Why 3: N / A Why 4: Why 5:
Process / Material	Why 1: There is mixing of lot labels. Why 2: Because different label were cut simultaneously and proper separation was not conducted. Why 3: One at a time process was not followed by the QA Inspector. Why 4: Why 5:	Why 1: No detection mixing of lot label during attachment of labels in the item. Why 2: Because the QA Inspector did not check one by one the details of the lot label. Why 3: Since the QA assumed that there is no mixing of lot labels. Why 4: Why 5:

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INVESTIGATION REPORT FORM (IRF)**FINAL CONCLUSION****OCCURRENCE ROOTCAUSE**

One at a time process was not followed

OUTFLOW ROOTCAUSE

No 100% checking of lot label details

IMMEDIATE ACTION: (Action to be done to contain/ temporary correct the problem found)**CORRECTIVE ACTION:** (Actions to be done to ensure that the problem will not happen again)**A. Sorting Result**

	Location	Total Stock	NG	Total Good
RM	N / A			
WIP	N / A			
FG	N / A			

Actions to be done to eliminate recurrence

Who / When

B. Orientation

Date	N / A	Time	N / A
Title	N / A		
Attendees	N / A		

Design /
Tools

N / A

C. Reworking

Rework Quantity	N / A
Total Good	N / A
Rework Percentage (Good)	N / A

Process

1. Issuance of NTE to QA Inspector.
2. Process one item at time to avoid mixing of similar items and lot label.

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?	Remarks
1st Verification of Action			[] Yes [] No	
2nd Verification of Action			[] Yes [] No	
3rd Verification of Action			[] Yes [] No	
Effectiveness of Action			[] Yes [] No	

Note: If no same defects / problems occurs for 5 consecutive deliveries, corrective action is considered effective / closed. If the same problem occurs within 5 consecutive deliveries or 3rd verification of action still not yet implemented, Investigation Report shall be re-issued to the affected department to provide new improvement action.

IV. CLOSURE

Status:	Remarks:	Approved by:		Process Owner Acknowledgment: (Receiving Section)	
<input type="checkbox"/> Closed					
<input type="checkbox"/> Still Open		QA Supervisor	QA Asst. Manager	Line Leader	Department Head
<input type="checkbox"/> Re-Issue IRF		Date:	Date:	Date:	Date: