

**KANEPACKAGE PHILIPPINE INC.**

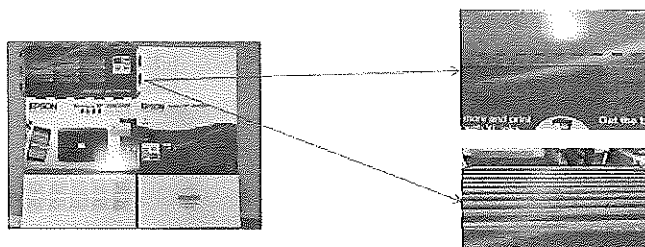
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna  
Telephone No. (049) 545-7166 to 69  
Fax No. (049) 545-6302

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

Control No.: IRF-04-0004

Date Issued: 05-Apr-22

Customer	EPPI JP	Attention To	NOEMI CEPEDA
Item Code	516203300	Department	KPLIMA-PRODUCTION
Item Description	LIME FB EUROPE	Date of Detection	05-Apr-22
Job Order Number	14760	Section Detected	INLINE QA

**ILLUSTRATION OF THE PROBLEM**☒ Major ☐ Minor

Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
1,101	64	5.81%

Nature of Defect:

SCRATCHES

Requirement:

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF SCRATCHES


Actual:

SCRATCHES OCCURRED ON THE UPPER FLAP

NO. OF OCCURRENCE	DISPOSITION	AREA OF OCCURRENCE / ORIGIN	CONTENT
<input checked="" type="checkbox"/> First <input type="checkbox"/> Recurrence No.: Date: _____	<input type="checkbox"/> Hold <input type="checkbox"/> Special Acceptance <input type="checkbox"/> For Rework <input type="checkbox"/> Reject / Disposal	<input type="checkbox"/> Slotter <input checked="" type="checkbox"/> Gluing <input type="checkbox"/> EQOS <input type="checkbox"/> Vertical <input type="checkbox"/> Diecut <input type="checkbox"/> Others: <input type="checkbox"/> Detaching	<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)
 CHERIE ANNE AREVALO QA-IE Staff	 QA Supervisor	QA Asst. Manager	 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 1:
	Why 2:		Why 2:
	Why 3:		Why 3:
	Why 4:		Why 4:
	Why 5:		Why 5:
Design / Toolings	Why 1:		Why 1:
	Why 2:		Why 2:
	Why 3:		Why 3:
	Why 4:		Why 4:
	Why 5:		Why 5:
Process / Material	Why 1:		Why 1:
	Why 2:		Why 2:
	Why 3:		Why 3:
	Why 4:		Why 4:
	Why 5:		Why 5:

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FINAL CONCLUSION																										
OCCURRENCE ROOTCAUSE	OUTFLOW ROOTCAUSE																									
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	Actions to be done to eliminate recurrence																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;"></th> <th style="width: 20%;">Location</th> <th style="width: 15%;">Total Stock</th> <th style="width: 10%;">NG</th> <th style="width: 10%;">Total Good</th> </tr> <tr> <td>RM</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>WIP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>FG</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		Location	Total Stock	NG	Total Good	RM					WIP					FG					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;"></th> <th style="width: 70%;">Who / When</th> </tr> <tr> <td>System</td> <td></td> </tr> </table>		Who / When	System		
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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)																										
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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:																									
<input type="checkbox"/> Closed <input type="checkbox"/> Still Open <input type="checkbox"/> Re-Issue IRF	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">Approved by:</th> <th style="width: 20%;">Process Owner Acknowledgment: (Receiving Section)</th> </tr> <tr> <td style="text-align: center;">           QA Supervisor            Date:         </td> <td style="text-align: center;">           QA Asst. Manager            Date:         </td> </tr> <tr> <td style="text-align: center;">           Line Leader            Date:         </td> <td style="text-align: center;">           Department Head            Date:         </td> </tr> </table>	Approved by:	Process Owner Acknowledgment: (Receiving Section)	QA Supervisor Date:	QA Asst. Manager Date:	Line Leader Date:	Department Head Date:																			
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