

**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-04-0005

Date Issued: 06-Apr-22

Customer	EPPI IJP	Attention To	NOEMI CEPEDA
Item Code	516079100	Department	KPLIMA-PRODUCTION
Item Description	LIONEL PG FGL	Date of Detection	05-Apr-22
Job Order Number	14737	Section Detected	INLINE QA

**ILLUSTRATION OF THE PROBLEM**

<input checked="" type="checkbox"/> Major	<input type="checkbox"/> Minor	
Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
279	13	4.66%

**Nature of Defect:**

DAMAGED

**Requirement:**

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF DAMAGED


**Actual:**

DAMAGED OCCURRED DUE TO DETACHING

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 type="checkbox"/> EQOS <input type="checkbox"/> Diecut <input type="checkbox"/> Detaching <input checked="" 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)
 CHARLE 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 2: Why 3: Why 4: Why 5:	Why 1: Why 2: Why 3: Why 4: Why 5:
Design / Toolings	Why 1: Why 2: Why 3: Why 4: Why 5:	Why 1: Why 2: Why 3: Why 4: Why 5:
Process / Material	Why 1: Why 2: Why 3: Why 4: Why 5:	Why 1: Why 2: Why 3: Why 4: 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></th> <th>Location</th> <th>Total Stock</th> <th>NG</th> <th>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%;">Who / When</th> <th></th> </tr> <tr> <td></td> <td></td> </tr> </table>	Who / When			
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II. QA ROOTCAUSE VERIFICATION (To be filled out by QA In-charge)																									
Identified Rootcause	Recommendation																								
III. CORRECTIVE ACTION VERIFICATION (To be filled out by QA In-charge)																									
Checked by	Date	Implemented?	Remarks																						
		[ ] Yes    [ ] No																							
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<i>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.</i>																									
IV. CLOSURE																									
Status:	Remarks:	Approved by:	Process Owner Acknowledgment: (Receiving Section)																						
<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: 50%;">QA Supervisor</th> <th style="width: 50%;">QA Asst. Manager</th> </tr> <tr> <td>Date:</td> <td>Date:</td> </tr> </table>	QA Supervisor	QA Asst. Manager	Date:	Date:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Line Leader</th> <th style="width: 50%;">Department Head</th> </tr> <tr> <td>Date:</td> <td>Date:</td> </tr> </table>	Line Leader	Department Head	Date:	Date:														
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