



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-04-0006

Date Issued: 07-Apr-22

Customer	EPPI	Attention To	NOEMI CEPEDA
Item Code	515909600	Department	KPLIMA-PRODUCTION
Item Description	LOUVRE 2 MDX LATIN	Date of Detection	06-Apr-22
Job Order Number	14777	Section Detected	INLINE QA

ILLUSTRATION OF THE PROBLEM



☒ Major ☐ Minor

Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
1,488	PANEL A=458 / PANEL B=274	24.6 %

Nature of Defect:

BURSTING

Requirement:

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF BURSTING

Actual:

BURSTING OCCURRED ON THE FOLDING SIDE

NO. OF OCCURRENCE	DISPOSITION	AREA OF OCCURRENCE / ORIGIN	CONTENT
<input type="checkbox"/> First <input checked="" 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)
 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?)

	Why 1:	Why 2:	Why 3:	Why 4:	Why 5:
System / Training					
Design / Toolings					
Process / Material					

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INVESTIGATION REPORT FORM (IRF)**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**

	Location	Total Stock	NG	Total Good
RM				
WIP				
FG				

Actions to be done to eliminate recurrence**Who / When**

System

Design /
Tools

Process

B. Orientation

Date		Time	
Title			
Attendees			

C. Reworking

Rework Quantity	
Total Good	
Rework Percentage (Good)	

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		QA Supervisor	QA Asst. Manager	Line Leader	Department Head
<input type="checkbox"/> Still Open		Date:	Date:	Date:	Date:
<input type="checkbox"/> Re-Issue IRF					