No. 9 Prince Grant III. Law		909 I i		E PHILIPPINE INC.	INVE	STIGAT	TION RE	PORT	FORM (IRF)	
Cunted Nation Forest Content		Telephone No.	(049) 545-7166 to		Inhouse Detection Customer Claim					
Time Description LOUVIEZ MIX LATIN Date of Dedection Appearance LOUVIEZ MIX LOUVIEZ MIX LATIN Date of Dedection Appearance BLIRSTING Actual BURSTING CONTENT BURSTING Actual BURSTING Actual BURSTING Actual BURSTING Actual BURSTING Actual BURSTING Actual BURSTING CONTENT BURSTING Actual BURSTING Actual BURSTING CONTENT BURSTING Actual BURSTING Actual BURSTING Actual BURSTING CONTENT BURSTING Actual BURSTING CONTENT BURSTING Actual BURSTING Actual BURSTING CONTENT BURSTING Actual BURSTING CONTENT Actual BURSTING Actual BURSTING Actual BURSTING Actual BURSTING CONTENT CONTENT Actual BURSTING Actual		Fax No. (049)	545-6302							
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Repetition of THE PROBLEM Major	Item De	escription	LOUVRE 2 MC	DX LATIN						
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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)

		COLIDOENO.	POOTCALISE		FINAL GON	Nolsulo		OUTFLOW ROOTCAUSE			
<u> </u>	OI	CCORRENCE	ROOTCAUSE					OUTFLOW ROUTCAUSE			
IMMEDIA	TE ACTION: (A	ction to be done t	o contain/ temporar	y correct the prob	lem (ound)	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 Wh					
	Loca	tion	Total Stock	NG	Total Good						
RM						System					
WIP						aystem					
FG											
B. Orientation											
Date			Time			Design /					
Title						Tools					
Attendees											
C. Reworking	jalian varij										
Rework Quan	tity										
Total Good						Process					
Rework Perce	entage (Good)			,							
- II.QAF	(O)OT(GA\USIE\V	ERIFICATIO)	V (To be filled o	out by QA in c	harge)	Date Conducted:PIC:					
		Identified	Rootcause			Recommendation					
			॥। ७०, स	CTIVE ACTIO	NWERIFICATI	e (To be fill	ed out by QA I	n-charge)			
		Chec	ked by	Date		ented?		Remarks			
1st Verification of Action				[]Yes	[]No						
2nd Verification of Action				[]Yes	[]No						
3rd Verification of Action			[]Yes		[]No						
Effectiveness of Action			[]Yes		[] No		,				
								losed. If the same problem oc d department to provide new i			
					IV, @ <u>k</u> @	SURE					
Status:		Remarks:				ved by:		Process Owner Acknowled	gment: (Receiving Section)		
Closed		<u>rockij til projektil</u>	<u> , , - (5) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)</u>								
Still Open				OA Su	pervisor	ΛΑ Δ = =	t. Manager	Line Leader	Department Head		
Re-Issue IRI	=			Date:	F =- 112 M	Date:		Date:	Date:		