

<div style="display: flex; align-items: center;"> <div> 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 </div> </div>		INVESTIGATION REPORT FORM (IRF) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Inhouse Detection Control No.: IRF-04-0017 </div> <div> <input type="checkbox"/> Customer Claim Date Issued: 28-Apr-22 </div> </div>	
Customer	EPPI IJP	Attention To	NOEMI CEPEDA
Item Code	515298700	Department	KPLIMA-PRODUCTION
Item Description	LIONEL SGY ASIA	Date of Detection	27-Apr-22
Job Order Number	15360	Section Detected	INLINE QA
ILLUSTRATION OF THE PROBLEM		<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor	
		Lot Quantity (pcs.)	Reject Quantity (pcs.)
		500	28
		Reject Percentage	
		5.60%	
		Nature of Defect:	
		SCRATCHES	
		Requirement:	
		ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF SCRATCHES	
		Actual:	
		SCORING OCCURRED ON THE FLAP CLASS B	
NO. OF OCCURRENCE <input checked="" type="checkbox"/> First <input type="checkbox"/> Recurrence No.: _____ Date: _____	DISPOSITION <input type="checkbox"/> Hold <input type="checkbox"/> Special Acceptance <input type="checkbox"/> For Rework <input type="checkbox"/> Reject / Disposal	AREA OF OCCURRENCE / ORIGIN <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Slotter <input type="checkbox"/> EQOS <input type="checkbox"/> Diecut <input type="checkbox"/> Detaching </div> <div> <input checked="" type="checkbox"/> Gluing <input type="checkbox"/> Vertical <input type="checkbox"/> Others: _____ </div> </div>	CONTENT <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 Aguilar QA-IE Staff	 G. Magno 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:	System / Training	Why 1: Why 2: Why 3: Why 4: Why 5:
Design / Toolings	Why 1: Why 2: Why 3: Why 4: Why 5:	Design / Toolings	Why 1: Why 2: Why 3: Why 4: Why 5:
Process / Material	Why 1: Why 2: Why 3: Why 4: Why 5:	Process / Material	Why 1: Why 2: Why 3: Why 4: Why 5:

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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**

Actions to be done to eliminate recurrence

Who / When

	Location	Total Stock	NG	Total Good		
RM					System	
WIP						
FG						

B. Orientation

				Design / Tools		
Date		Time				
Title						
Attendees						

C. Reworking

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