

**KANEPACKAGE PHILIPPINE INC.**

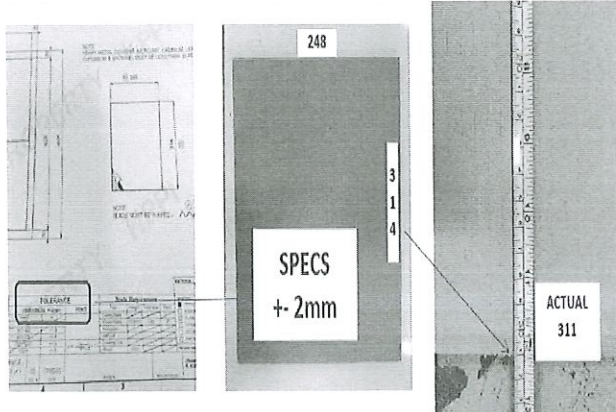
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna
Telephone No. (049) 545-7166 to 69
Fax No. (049) 545-6302

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

Control No.: IRF-04-0018

Date Issued: 28-Apr-22

Customer	EPPI IJP	Attention To	NOEMI CEPEDA
Item Code	514784600	Department	KPLIMA-PRODUCTION
Item Description	PAD OUTER CARTON BOX	Date of Detection	25-Apr-22
Job Order Number	15224	Section Detected	DETACHING

ILLUSTRATION OF THE PROBLEM

<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor	
Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
200	26	13.00%

Nature of Defect:

OFF SPECS

Requirement:

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF OFF SPECS


Actual:

SPECS MUST BE 314±2MM BUT ACTUAL IS 311 ONLY

NO. OF OCCURRENCE	DISPOSITION	AREA OF OCCURRENCE / ORIGIN		CONTENT
<input checked="" type="checkbox"/> First	<input type="checkbox"/> Hold	<input type="checkbox"/> Slotter	<input type="checkbox"/> Gluing	<input type="checkbox"/> Material
<input type="checkbox"/> Recurrence	<input type="checkbox"/> Special Acceptance	<input type="checkbox"/> EQOS	<input type="checkbox"/> Vertical	<input type="checkbox"/> Dimension
No.: _____	<input type="checkbox"/> For Rework	<input type="checkbox"/> Diecut	<input type="checkbox"/> Others:	<input type="checkbox"/> Appearance
Date: _____	<input type="checkbox"/> Reject / Disposal	<input checked="" type="checkbox"/> Detaching		<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				Who / When
	Location	Total Stock	NG	Total Good	System				
RM									
WIP									
FG									
B. Orientation					Design / Tools				
Date		Time							
Title									
Attendees									
C. Reworking					Process				
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						
<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		QA Supervisor		QA Asst. Manager		Line Leader		Department Head	
<input type="checkbox"/> Still Open		Date:		Date:		Date:		Date:	
<input type="checkbox"/> Re-Issue IRF									