
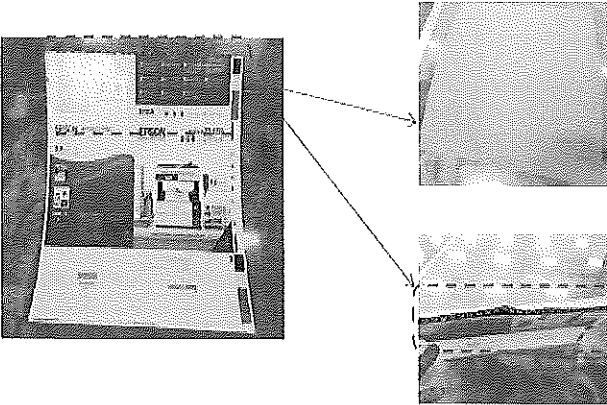
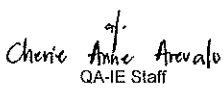



Cancel! Material Problem, for issuance of why-why to Supplier

| | | | |
|---|-------------------------|---|------------------------------------|
|  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) <input checked="" type="checkbox"/> Inhouse Detection <input type="checkbox"/> Customer Claim Control No.: IRF-04-0007 Date Issued: 07-Apr-22 | |
| Customer | EPP! IJP | Attention To | NOEMI CEPEDA |
| Item Code | 516079200 | Department | KPLIMA-PRODUCTION |
| Item Description | LIONEL PG MGL EUROPE; C | Date of Detection | 06-Apr-22 |
| Job Order Number | 14767 | Section Detected | INPROCESS QA |
| ILLUSTRATION OF THE PROBLEM | | <input checked="" type="checkbox"/> Major <input type="checkbox"/> Minor | |
|  | | Lot Quantity (pcs.) | Reject Quantity (pcs.) |
| | | 300 | PANEL A= 300 |
| | | Reject Percentage | 100.00% |
| | | Nature of Defect: | |
| | | DELAMINATION | |
| Requirement: | | ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF DELAMINATION | |
| Actual: | | DELAMINATION OCCURRED ON THE UPPER FLAP | |
| 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 <input type="checkbox"/> Slotter <input type="checkbox"/> Gluing <input type="checkbox"/> EQOS <input type="checkbox"/> Vertical <input type="checkbox"/> Diecut <input checked="" type="checkbox"/> Others: <input type="checkbox"/> Detaching | | 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 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: | |

|  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 | <h2 style="margin: 0;">INVESTIGATION REPORT FORM (IRF)</h2> | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|-------------|----------------|--------------|--------------------------|----------------------------|--|--|----------------|-----------|----------------------------|--|---|----------------|------------|----------------------------|--|--|----------------|--|---|--|------------|----------------|--|--|
| 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 style="width: 15%;"></th> <th style="width: 25%;">Location</th> <th style="width: 15%;">Total Stock</th> <th style="width: 15%;">NG</th> <th style="width: 30%;">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: 15%;"></th> <th style="width: 75%;">Who / When</th> </tr> <tr> <td>System</td> <td></td> </tr> </table> | | Who / When | System | | |
| | Location | Total Stock | NG | Total Good | | | | | | | | | | | | | | | | | | | | | | |
| RM | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WIP | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FG | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Who / When | | | | | | | | | | | | | | | | | | | | | | | | | |
| System | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. Orientation | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">Date</th> <th style="width: 20%;">Time</th> <th style="width: 60%;"></th> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3">Title</td> </tr> <tr> <td colspan="3">Attendees</td> </tr> </table> | Date | Time | | | | | Title | | | Attendees | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;"></th> <th style="width: 75%;">Who / When</th> </tr> <tr> <td>Design / Tools</td> <td></td> </tr> </table> | | Who / When | Design / Tools | | | | | | | | | | |
| Date | Time | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attendees | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Who / When | | | | | | | | | | | | | | | | | | | | | | | | | |
| Design / Tools | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C. Reworking | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">Rework Quantity</th> <th style="width: 70%;"></th> </tr> <tr> <td>Total Good</td> <td></td> </tr> <tr> <td>Rework Percentage (Good)</td> <td></td> </tr> </table> | Rework Quantity | | Total Good | | Rework Percentage (Good) | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;"></th> <th style="width: 75%;">Who / When</th> </tr> <tr> <td>Process</td> <td></td> </tr> </table> | | Who / When | Process | | | | | | | | | | | | | | | | |
| Rework Quantity | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Good | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rework Percentage (Good) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Who / When | | | | | | | | | | | | | | | | | | | | | | | | | |
| Process | | | | | | | | | | | | | | | | | | | | | | | | | | |
| II. QA ROOTCAUSE VERIFICATION (To be filled out by QA In-charge) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Identified Rootcause | Date Conducted: _____ PIC: _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Recommendation | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| III. CORRECTIVE ACTION VERIFICATION (To be filled out by QA In-charge) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;"></th> <th style="width: 15%;">Checked by</th> <th style="width: 10%;">Date</th> <th style="width: 20%;">Implemented?</th> <th style="width: 35%;">Remarks</th> </tr> <tr> <td>1st Verification of Action</td> <td></td> <td></td> <td>[] Yes [] No</td> <td></td> </tr> <tr> <td>2nd Verification of Action</td> <td></td> <td></td> <td>[] Yes [] No</td> <td></td> </tr> <tr> <td>3rd Verification of Action</td> <td></td> <td></td> <td>[] Yes [] No</td> <td></td> </tr> <tr> <td>Effectiveness of Action</td> <td></td> <td></td> <td>[] Yes [] No</td> <td></td> </tr> </table> | | 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 | | |
| | 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: <input type="checkbox"/> Closed <input type="checkbox"/> Still Open <input type="checkbox"/> Re-Issue IRF | Remarks: <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="width: 30%;"> Approved by: QA Supervisor Date: </div> <div style="width: 30%;"> QA Asst. Manager Date: </div> <div style="width: 30%;"> Process Owner Acknowledgment: (Receiving Section) Line Leader Date: </div> <div style="width: 30%;"> Department Head Date: </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | |