



# 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-05-0006

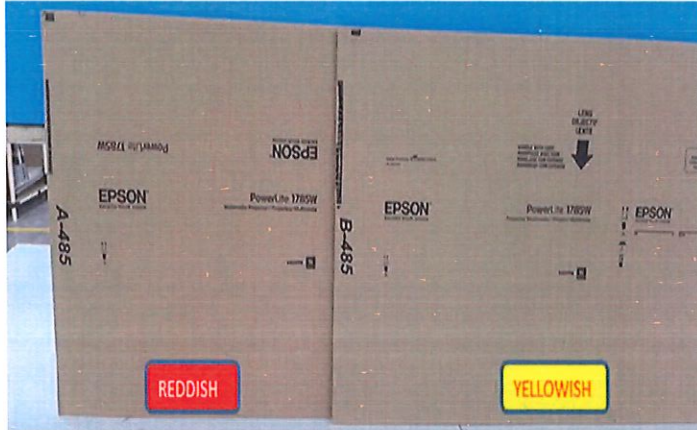
Date Issued: 12-May-22

Customer	EPSON VP	Attention To	Mr. GERALD DE GUZMAN
Item Code	5150485-00	Department	KPLAGUNA-PRODUCTION
Item Description	CZECH CARTON BOX	Date of Detection	11-May-22
Job Order Number	JO-22-L-00122-29/30	Section Detected	SCREENING

### ILLUSTRATION OF THE PROBLEM

☐ Major

☒ Minor



Lot Quantity (pcs.)

350

Reject Quantity (pcs.)

69

Reject Percentage

19.71%

Nature of Defect:

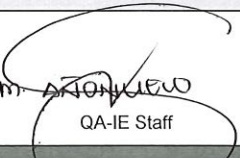
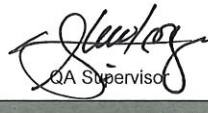
DIFF. PAPER SHADE

Requirement:

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF DIFF. PAPER SHADE

Actual:

PANEL A: REDDISH; PANEL B: YELLOWISH

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"/> Material
<input type="checkbox"/> Recurrence	<input type="checkbox"/> Special Acceptance	<input checked="" type="checkbox"/> EQOS	<input type="checkbox"/> Dimension
No.:	<input type="checkbox"/> For Rework	<input type="checkbox"/> Diecut	<input checked="" type="checkbox"/> Appearance
Date: _____	<input checked="" type="checkbox"/> Reject / Disposal	<input type="checkbox"/> Detaching	<input 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?)	
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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**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: