

**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-04-0019

Date Issued: 28-Apr-22

Customer	EPPI IJP	Attention To	NOEMI CEPEDA
Item Code	-	Department	KPLIMA-PRODUCTION
Item Description	-	Date of Detection	28-Apr-22
Job Order Number	-	Section Detected	DELAMINATION

ILLUSTRATION OF THE PROBLEM

<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor	
Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
-	-	#VALUE!

Job Order #	Item Code	Item Description	In-line report Good qty			Inventory of Delamination		Unit Cost	Total Cost	Remarks
			Input Qty	Output Qty	Reject Qty	Lot Quantity	Variance			
JO-015396	515512400	LIANEL MAY ASIA;B	298	289	9	298	0	\$ 1.56	\$306	
JO-015397	515821700	LIANEL MGY ASIA; B CC300	486	479	7	499	-13	\$ 1.56	\$33.45	
JO-015398	515088900	LIANEL MAY ICB FOR CHINA	179	178	1	200	-21	\$ 1.93	\$40.59	
JO-015399	515298000	LIANEL MGY CHINA	96	90	6	100	-4	\$ 1.56	\$7.83	
JO-015400	516228200	LIANEL 2 FAL ICB FOR EUROPE;B CC350	0	0	0	499	-499	\$ 2.35	\$1,174.45	
JO-015401	516000800	LIANEL FPY ICB ASIA CC300	436	426	10	598	-162	\$ 2.69	\$293.64	
JO-015402	515855400	LIANEL FGY BRAZIL;B	70	65	5	80	-10	\$ 2.68	\$20.79	
JO-015403	515855600	LIANEL F ASIA;B	523	0	523	699	-176	\$ 2.33	\$393.21	
JO-015376	516213900	LIGHT MB REFRESH EUROPE DE;R,B CC300	92	89	3	100	-8	\$ 1.99	\$39.33	GOOD
JO-015377	516213900	LIGHT FB EUR R;B CC300	786	228	558	1098	-312	\$ 1.37	\$426.19	
JO-015379	515911400	LOUVRE 2 MIX EPIL WH CC350	7	7	0	198	-191	\$ 1.42	\$27.16	
JO-015380	516237800	LOUVRE 2 MIX ICB FOR ASIA WH;C CC350	286	0	286	500	-214	\$ 1.34	\$287.73	
JO-015378	516412300	LIUME MB EUROPE DE R,B CC300	79	79	0	966	-887	\$ 1.26	\$1,119.06	

Nature of Defect:
DELAMINATION
Requirement:
ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF OFF DELAMINATION
Actual:
ENCOUNTERED MASS REJECTION

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 checked="" type="checkbox"/> Others:	<input type="checkbox"/> Appearance
Date:		<input type="checkbox"/> Reject / Disposal		<input type="checkbox"/> Detaching		<input checked="" type="checkbox"/> Process / Method
Issued by		Checked by		Approved by		Received by (Receiving Section)
C. AREVALO QA-IE Staff		G. MAGSINO QA Supervisor		QA Asst. Manager		N. CEPEDA 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		QA Supervisor	QA Asst. Manager	Line Leader	Department Head
<input type="checkbox"/> Still Open					
<input type="checkbox"/> Re-Issue IRF		Date:	Date:	Date:	Date: