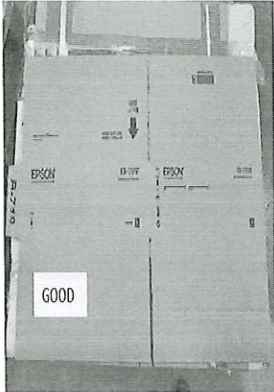
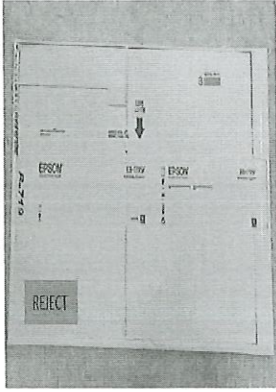


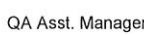

 KANEPACKAGE PHILIPPINE INC. No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna Telephone No. (049) 545-7166 to 69 Fax No. (049) 545-6302		INVESTIGATION REPORT FORM (IRF) <input type="checkbox"/> Inhouse Detection <input checked="" type="checkbox"/> Customer Claim Control No.: IRF-06-0002 Date Issued: 07-Jun-22	
Customer	EPPI IJP	Attention To	NOEMI CEPEDA
Item Code	514471900 PANEL B	Department	KPLIMA-PRODUCTION
Item Description	CARTON BOX	Date of Detection	07-Jun-22
Job Order Number	16935	Section Detected	INPROCESS QA
ILLUSTRATION OF THE PROBLEM		<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor	
 		Lot Quantity (pcs.) 197	Reject Quantity (pcs.) 57
		Reject Percentage 28.93%	
		Nature of Defect: INVERTED CUT	
		Requirement: ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF INVERTED CUT	
		Actual: INVERTED CUT OCCURRED FOR PANEL 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 <input type="checkbox"/> Slotter <input type="checkbox"/> Gluing <input type="checkbox"/> EQOS <input type="checkbox"/> Vertical <input checked="" type="checkbox"/> Diecut <input 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	
 C. Arevalo QA-IE Staff		 G. Magsino QA Supervisor	
Approved by		Received by (Receiving Section)	
 QA Asst. Manager		 N. Carrella 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.**

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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

Date		Time		Design / Tools					
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: