**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

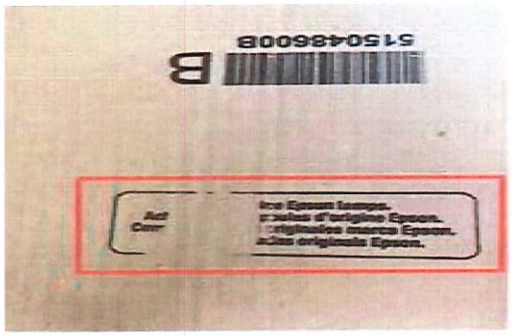
# INVESTIGATION REPORT FORM (IRF)

☐ Inhouse Detection ■ Customer Claim

Control No.: IRF-06-0004 Date Issued: JUNE 14, 2022

| | | | |
|---|---|---|---|
| Customer | EPSON VP | Attention To | GERALD DE GUZMAN |
| Item Code | 5150486-00 | Department | KPLAGUNA-PRODUCTION |
| Item Description | CARTON BOX (STD;B) | Date of Detection | JUNE 14, 2020 |
| Job Order Number | JO-22-L-00122-35 (A) JO-22-L-00122-36 (B) | Section Detected | EPSON VP |

**ILLUSTRATION OF THE PROBLEM**




■ Major ☐ Minor

| Lot Quantity (pcs.) | Reject Quantity (pcs.) | Reject Percentage |
|---|---|---|
| 380 | 1 | 0.26% |

Nature of Defect:

POOR PRINT

Requirement:

ITEM SHOULD BE IN GOOD CONDITION NO POOR PRINT

Actual:

POOR PRINT OCCURRED ON THE ITEM PANEL

| NO. OF OCCURRENCE | DISPOSITION | AREA OF OCCURRENCE / ORIGIN | CONTENT |
|---|---|---|---|
| ■ First | ☐ Hold | ☐ Slotter ☐ Gluing | ☐ Material |
| ☐ Recurrence | ☐ Special Acceptance | ■ EQOS ☐ Vertical | ☐ Dimension |
| No.: | ☐ For Rework | ☐ Diecut ☐ Others: | ■ Appearance |
| Date:_____ | ■ Reject / Disposal | ☐ Detaching | ☐ Process / Method |

| Issued by | Checked by | Approved by | Received by (Receiving Section) |
|---|---|---|---|
| M. PINOTTEEVO 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:<br>Why 2:<br>Why 3:<br>Why 4:<br>Why 5: | Why 1:<br>Why 2:<br>Why 3:<br>Why 4:<br>Why 5: |
| Design / Toolings | Why 1:<br>Why 2:<br>Why 3:<br>Why 4:<br>Why 5: | Why 1:<br>Why 2:<br>Why 3:<br>Why 4:<br>Why 5: |
| Process / Material | Why 1:<br>Why 2:<br>Why 3:<br>Why 4:<br>Why 5: | Why 1:<br>Why 2:<br>Why 3:<br>Why 4:<br>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

| | Location | Total Stock | NG | Total Good |
|---|---|---|---|---|
| RM | | | | |
| WIP | | | | |
| FG | | | | |

B. Orientation

| | | | |
|---|---|---|---|
| Date | | Time | |
| Title | | | |
| Attendees | | | |

C. Reworking

| | |
|---|---|
| Rework Quantity | |
| Total Good | |
| Rework Percentage (Good) | |

| Actions to be done to eliminate recurrence | | Who / When |
|---|---|---|
| System | | |
| Design / Tools | | |
| Process | | |

## 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) | |
|---|---|---|---|---|---|
| ☐ Closed<br>☐ Still Open<br>☐ Re-Issue IRF | | QA Supervisor<br>Date: | QA Asst. Manager<br>Date: | Line Leader<br>Date: | Department Head<br>Date: |