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

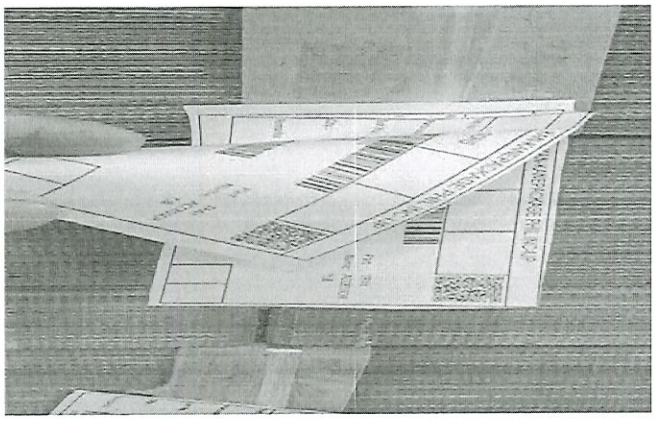
INVESTIGATION REPORT FORM (IRF)

■ Inhouse Detection ☐ Customer Claim

Control No.: IRF-06-0009 Date Issued: 25-Jun-22

Customer	EPPI IJP	Attention To	NOEMI CEPEDA
Item Code	515374500	Department	KPLIMA-PRODUCTION
Item Description	TRAY ACCESORY	Date of Detection	24-Jun-22
Job Order Number	16710	Section Detected	OQA

ILLUSTRATION OF THE PROBLEM



☐ Major ■ Minor

Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
2,000	25	1.25%

Nature of Defect: Note: 1/80 per bundle = 1.25%

EXCESS LOT NUMBER

Requirement:

EXACT LOT NUMBER; ONE PER BUNDLE

Actual:

ONE BUNDLE HAVE 2 ATTACHED LOT LABEL

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)
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 2: Why 3: Why 4: Why 5:	Why 1: Why 2: Why 3: Why 4: Why 5:
Design / Toolings	Why 1: Why 2: Why 3: Why 4: Why 5:	Why 1: Why 2: Why 3: Why 4: Why 5:
Process / Material	Why 1: Why 2: Why 3: Why 4: Why 5:	Why 1: Why 2: Why 3: Why 4: 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

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				
WIP				
FG				

System			
Design / Tools			
Process			

B. Orientation

Date		Time	
Title			
Attendees			

C. Reworking

Rework Quantity	
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)	
[ ] Closed					
[ ] Still Open		QA Supervisor	QA Asst. Manager	Line Leader	Department Head
[ ] Re-Issue IRF		Date:	Date:	Date:	Date: