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

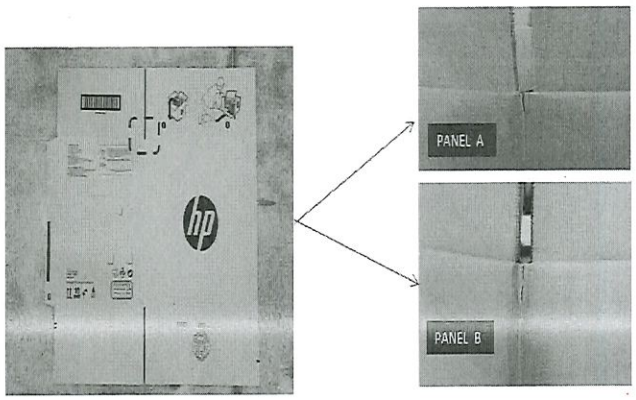
INVESTIGATION REPORT FORM (IRF)

■ Inhouse Detection ☐ Customer Claim

Control No.: IRF-06-0012 Date Issued: 28-Jun-22

Customer	EPPI IJP	Attention To	NOEMI CEPEDA
Item Code	RX1-4249-000	Department	KPLIMA-PRODUCTION
Item Description	CARTON BOX	Date of Detection	27-Jun-22
Job Order Number	017683	Section Detected	INPROCESS QA

ILLUSTRATION OF THE PROBLEM



☐ Major ■ Minor

Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
A= 34; B=40	A= 783; B=1265	A=4.34%; B=3.16%

Nature of Defect:

BURSTING

Requirement:

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF BURSTING

Actual:

BURSTING OCCURRED ON THE FOLDING SIDE

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:

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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				

B. Orientation			
Date		Time	
Title			
Attendees			

C. Reworking	
Rework Quantity	
Total Good	
Rework Percentage (Good)	

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 ☐ Still Open ☐ Re-Issue IRF		QA Supervisor Date:	QA Asst. Manager Date:	Line Leader Date:	Department Head Date: