

**KANEPACKAGE PHILIPPINE INC.**

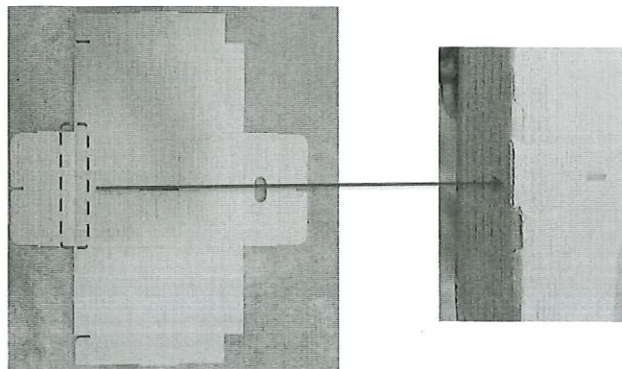
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna  
Telephone No. (049) 545-7166 to 69  
Fax No. (049) 545-6302

**INVESTIGATION REPORT FORM (IRF)**☒ Inhouse Detection☐ Customer Claim

Control No.: IRF-07-0011

Date Issued: 27-Jul-22

Customer	EPPI IJP	Attention To	NOEMI CEPEDA
Item Code	515437800	Department	KPLIMA-PRODUCTION
Item Description	PARTS BOX	Date of Detection	25-Jul-22
Job Order Number	19035	Section Detected	INLINE QA

**ILLUSTRATION OF THE PROBLEM**☐ Major ☒ Minor

Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
300	35	11.67%

**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
<input checked="" type="checkbox"/> First <input type="checkbox"/> Recurrence No.: Date: _____	<input type="checkbox"/> Hold <input type="checkbox"/> Special Acceptance <input type="checkbox"/> For Rework <input type="checkbox"/> Reject / Disposal	<input type="checkbox"/> Slotter <input type="checkbox"/> Gluing <input type="checkbox"/> EQOS <input type="checkbox"/> Vertical <input type="checkbox"/> Diecut <input checked="" type="checkbox"/> Others: <input type="checkbox"/> Detaching	<input type="checkbox"/> Material <input type="checkbox"/> Dimension <input type="checkbox"/> Appearance <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**

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					
<input type="checkbox"/> Still Open		QA Supervisor	QA Asst. Manager	Line Leader	Department Head
<input type="checkbox"/> Re-Issue IRF		Date:	Date:	Date:	Date: