

**KANEPACKAGE PHILIPPINE INC.**

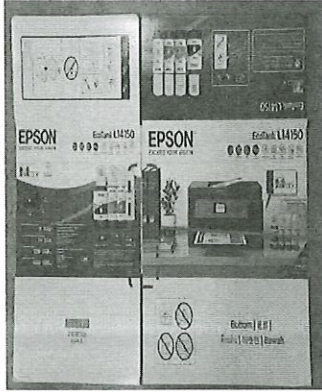
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna  
Telephone No. (049) 545-7166 to 69  
Fax No. (049) 545-6302

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

Control No.: IRF-08-0004

Date Issued: 15-Aug-22

Customer	EPPI	Attention To	NEIL ROYALES
Item Code	516182300	Department	KPLIMA-PRODUCTION
Item Description	LINUS FAL ASIA	Date of Detection	11-Aug-22
Job Order Number	19788	Section Detected	INLINE QA

**ILLUSTRATION OF THE PROBLEM**

<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor	
Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
398	20	5.03%

**Nature of Defect:**

MISALIGNED CUT

**Requirement:**

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF MISALIGNED CUT

**Actual:**MISALIGNED CUT OCCURRED ON THE GLUE TAB PORTION;  
DUE TO SHORT BLEEDING

NO. OF OCCURRENCE		DISPOSITION		AREA OF OCCURRENCE / ORIGIN		CONTENT	
<input checked="" type="checkbox"/> First	<input type="checkbox"/> Hold	<input type="checkbox"/> Slotter	<input checked="" type="checkbox"/> Gluing	<input type="checkbox"/> Material			
<input type="checkbox"/> Recurrence	<input type="checkbox"/> Special Acceptance	<input type="checkbox"/> EQOS	<input type="checkbox"/> Vertical	<input type="checkbox"/> Dimension			
No.:	<input type="checkbox"/> For Rework	<input type="checkbox"/> Diecut	<input type="checkbox"/> Others:	<input type="checkbox"/> Appearance			
Date: _____	<input type="checkbox"/> Reject / Disposal	<input type="checkbox"/> Detaching		<input checked="" type="checkbox"/> Process / Method			
Issued by		Checked by		Approved by		Received by (Receiving Section)	
C. Arevalo QA-IE Staff		G. Maggino QA Supervisor		QA Asst. Manager		N. Royales 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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**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				

**Actions to be done to eliminate recurrence****Who / When****B. Orientation**

Date		Time	
Title			
Attendees			

System

Design /  
Tools**C. Reworking**

Rework Quantity	
Total Good	
Rework Percentage (Good)	

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)	
<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: