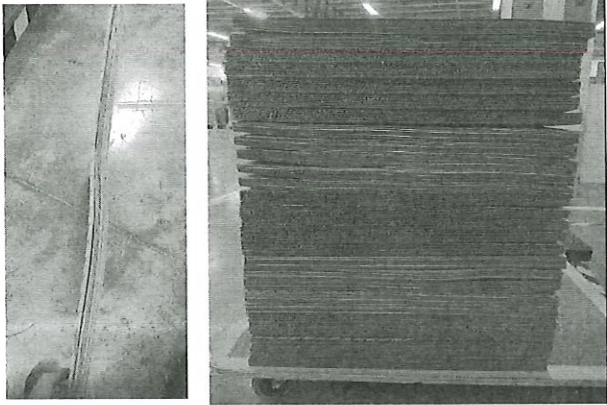



 <b>KANEPACKAGE PHILIPPINE INC.</b> No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna Telephone No. (049) 545-7166 to 69 Fax No. (049) 545-6302		<b>INVESTIGATION REPORT FORM (IRF)</b> <div style="display: flex; justify-content: space-between;"> <span><input checked="" type="checkbox"/> Inhouse Detection</span> <span><input type="checkbox"/> Customer Claim</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Control No.: IRF-08-0006</span> <span>Date Issued: 15-Aug-22</span> </div>		
Customer	EPPI	Attention To	NEIL ROYALES	
Item Code	-	Department	KPLIMA-PRODUCTION	
Item Description	PAD BLOCKS	Date of Detection	15-Aug-22	
Job Order Number	N/A	Section Detected	Vertical	
ILLUSTRATION OF THE PROBLEM		<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor		
		Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
		N/A	N/A	#VALUE!
		Nature of Defect:		
		WAVE BOARDS		
		Requirement:		
		ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF WAVE BOARDS		
		Actual:		
		WAVE BOARDS OCCURRED DURING LAMINATION PROCESS		
NO. OF OCCURRENCE		DISPOSITION		
<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		
Issued by		Checked by		
 C. Arevalo QA-IE Staff		 G. Magano QA Supervisor		
Approved by		Received by (Receiving Section)		
QA Asst. Manager		 N. Cepeda Head/ Supervisor		
<b>I. INVESTIGATION / ANALYSIS</b>				
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**

				Design / Tools	
Date		Time			
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: