

**KANEPACKAGE PHILIPPINE INC.**

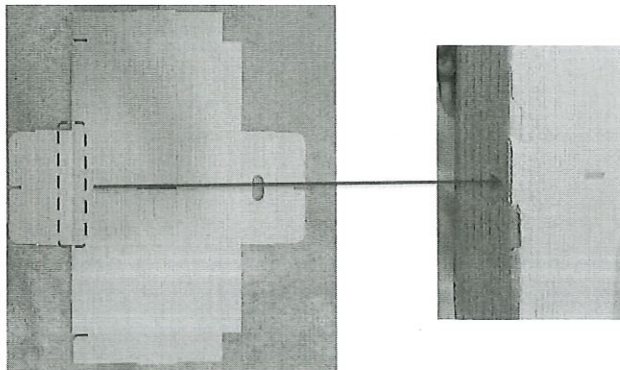
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna  
Telephone No. (049) 545-7166 to 69  
Fax No. (049) 545-6302

**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. Magano 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: N/A Why 4: Why 5:	Why 1: Why 2: Why 3: N/A Why 4: Why 5:
Design / Toolings	Why 1: Why 2: Why 3: N/A Why 4: Why 5:	Why 1: Why 2: Why 3: N/A Why 4: Why 5:
Process / Material	Why 1: Bursting occurred on the creating of the item. Why 2: Encountered loose board. Why 3: Loose board due to warp condition of the boards. Why 4: Scrap left behind the plate Why 5: Operator in-charge not noticed the scrap during running.	Why 1: Why 2: Why 3: N/A Why 4: Why 5:

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FINAL CONCLUSION									
OCCURRENCE ROOTCAUSE	OUTFLOW ROOTCAUSE								
N/A	N/A								
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	N/A								
FG									
B. Orientation		Design / Tools		Who / When					
Date	220728	Time							
Title	Orientation for diecut Standard Process								
Attendees	Diecut operators / Sub-leaders								
C. Reworking		Process		Who / When					
Rework Quantity									
Total Good	N/A								
Rework Percentage (Good)									
II. QA ROOTCAUSE VERIFICATION (To be filled out by QA In-charge)					Date Conducted: _____ PIC: _____				
Identified Rootcause					Recommendation				
• there is scrap left on the diecut plate.					• Orientation regarding the standard procedure done once encountered bursting due to left scrap on plate.				
III. CORRECTIVE ACTION VERIFICATION (To be filled out by QA In-charge)									
	Checked by	Date	Implemented?	Remarks					
1st Verification of Action	C. Arevalo	220728	[X] 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		QA Supervisor		QA Asst. Manager		Line Leader		Department Head	
<input type="checkbox"/> Still Open		Date:		Date:		Date:		Date:	
<input type="checkbox"/> Re-Issue IRF		Date:		Date:		Date:		Date:	