

**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-09-0002

Date Issued: 07-Sep-22

Customer	EPPI	Attention To	SUZETTE DIMAYUGA
Item Code	516297900	Department	KPLIMA-WAREHOUSE
Item Description	INDIVIDUAL CARTON BOX	Date of Detection	07-Sep-22
Job Order Number	20776	Section Detected	EPPI

ILLUSTRATION OF THE PROBLEM

Dear All,

Good Day!

Please be inform po that we encountered parts mixing of ICB, during last order.

Details:

Lot Label 516297900

Actual: 516297900-4pcs

516297700-20pcs

Affected Line: B13

Model/Dist: Bourne2 MDK ESP Indonesia.

Immediate Action:

"We conducted a meeting for temp pack"

"Use the Mixed ICB (516297700 N=30pcs)"

Thank you!

Regards,

Janine Magsino

Packaging WHSE

Lima Kandang Logs

Part Code	Reference Num	Lot Num	QTY	Tracking	Particulars Num	Status	Remarks
516297900	516297900-4	516297900	4	516297900	516297900	OK	516297900-4
516297700	516297700-20	516297700	20	516297700	516297700	OK	516297700-20
516297700	516297700-20	516297700	20	516297700	516297700	OK	516297700-20
516297700	516297700-20	516297700	20	516297700	516297700	OK	516297700-20
516297700	516297700-20	516297700	20	516297700	516297700	OK	516297700-20
516297700	516297700-20	516297700	20	516297700	516297700	OK	516297700-20
516297700	516297700-20	516297700	20	516297700	516297700	OK	516297700-20
516297700	516297700-20	516297700	20	516297700	516297700	OK	516297700-20
516297700	516297700-20	516297700	20	516297700	516297700	OK	516297700-20
516297700	516297700-20	516297700	20	516297700	516297700	OK	516297700-20

☐ Major☒ Minor

Lot Quantity (pcs.)

Reject Quantity (pcs.)

Reject Percentage

20

20

100.00%

Nature of Defect:

WRONG ACTUAL VS. LABEL

Requirement:

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF MIXING PARTS

Actual:

ENCOUNTERED PARTS MIXING OF ICB, LAST ORDER.

Details:

Lot Label: 516297900

Actual: 516297900-4pcs/ 516297700-20pcs

NO. OF OCCURRENCE	DISPOSITION	AREA OF OCCURRENCE / ORIGIN	CONTENT
<input checked="" type="checkbox"/> First	<input type="checkbox"/> Hold	<input type="checkbox"/> Slotter	<input type="checkbox"/> Material
<input type="checkbox"/> Recurrence	<input type="checkbox"/> Special Acceptance	<input type="checkbox"/> EQOS	<input type="checkbox"/> Dimension
No.: _____	<input type="checkbox"/> For Rework	<input type="checkbox"/> Diecut	<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. Aljevalo QA-IE Staff	G. Magsino QA Supervisor	QA Asst. Manager	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: During issuance, Why 2: NO FG tag endorsement, actual stock only Why 3: Why 4: Why 5:	Why 1: Not follow the standard procedure, during Why 2: issuance of excess should be included the item Why 3: identification/ FG TAG 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****Actions to be done to eliminate recurrence****Who / When**

	Location	Total Stock	NG	Total Good	System		
RM							
WIP							
FG							
B. Orientation					Design / Tools		
Date		Time					
Title							
Attendees							
C. Reworking					Process	Re- Orient Whse member to follow standard procedure for issuance	
Rework Quantity	N/A						
Total Good	N/A						
Rework Percentage (Good)	N/A						

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