

**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-09-0003

Date Issued: 07-Sep-22

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

**ILLUSTRATION OF THE PROBLEM**

Dear AR,

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/Dent: Locres2 MDK ESP Indonesia

Immediate Action:

\*\*We conducted a meeting for temp pack

\*\*Use the Mixed ICB (516297700 N=20pcs)

Thank you!

Regards,

Janine Morcufo

Packaging WARE

Uima Kisanan Logs

Part	Reference Num	Lot Num	QTY	Time/Temp	Manufacturer Num	Barcode	Remarks
LOCRES2 MDK ESP	516297900	516297900	4	2022/09/07	516297900	516297900	MIXED ICB
LOCRES2 MDK ESP	516297700	516297700	20	2022/09/07	516297700	516297700	MIXED ICB

☐ 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"/> 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 checked="" 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. 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 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: