

**KANEPACKAGE PHILIPPINE INC.**

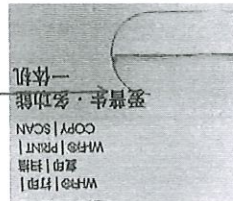
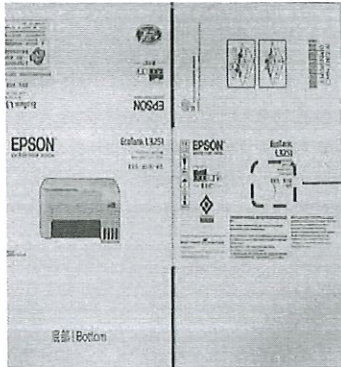
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna
Telephone No. (049) 545-7166 to 69
Fax No. (049) 545-6302

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

Control No.: IRF-09-0004

Date Issued: 07-Sep-22

Customer	EPPI	Attention To	NOEMI CEPEDA
Item Code	516387900	Department	KPLIMA-PRODUCTION
Item Description	LOURVE 2 MDX CHINA;DE2 BROWN	Date of Detection	07-Sep-22
Job Order Number	20926	Section Detected	INLINE

ILLUSTRATION OF THE PROBLEM

<input type="checkbox"/>	Major	<input checked="" type="checkbox"/>	Minor
Lot Quantity (pcs.)		Reject Quantity (pcs.)	Reject Percentage
2,731		316	11.57%
Nature of Defect:			
MISALIGNED CUT			
Requirement:			
ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF MISALIGNED CUT			
Actual:			
MISALIGNED CUT OCCURRED IN THE HANDHOLE PORTION WITH CUT ON THE JAPANESE CHARACTER			

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"/> Recurrence	<input type="checkbox"/> Special Acceptance	<input type="checkbox"/> EQOS	<input type="checkbox"/> Vertical
No.:	<input type="checkbox"/> For Rework	<input type="checkbox"/> Diecut	<input type="checkbox"/> Others:
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	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: 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****Actions to be done to eliminate recurrence****Who / When**

	Location	Total Stock	NG	Total Good		
RM					System	
WIP						
FG						

B. Orientation

Date		Time		Design / Tools	
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: