

**KANEPACKAGE PHILIPPINE INC.**

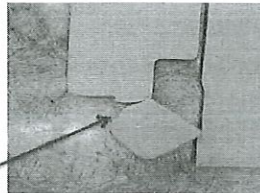
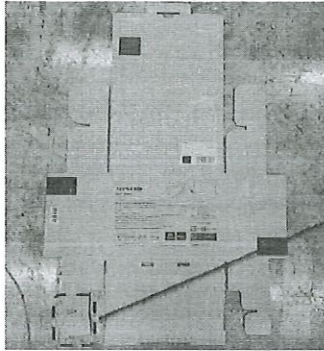
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna
Telephone No. (049) 545-7166 to 69
Fax No. (049) 545-6302

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

Control No.: IRF-10-0004

Date Issued: 06-Oct-22

Customer	EPPI	Attention To	NOEMI CEPEDA
Item Code	515693100	Department	KPLIMA-PRODUCTION
Item Description	CRATON BOX	Date of Detection	04-Oct-22
Job Order Number	22536 DS	Section Detected	INLINE QA

ILLUSTRATION OF THE PROBLEM

<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor	
Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
598	50	8.36%

Nature of Defect:

DAMAGED

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF DAMAGED

Actual:

DAMAGED OCCURRED ON THE BOTTOM FLAP

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"/> EQOS <input type="checkbox"/> Diecut <input type="checkbox"/> Detaching <input checked="" type="checkbox"/> Gluing <input type="checkbox"/> Vertical <input type="checkbox"/> Others:	<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 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

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: