

**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- 0010

Date Issued: OCTOBER 12, 2022

Customer	EPSON IJP	Attention To	Ms. CEPEDA, NOEMI
Item Code	5165129-00	Department	KPLIMA PRODUCTION
Item Description	LIGHT2 MB ICB FOR AMERICA	Date of Detection	OCTOBER 11, 2022
Job Order Number	KAN22862D050001	Section Detected	EPSON IJP

ILLUSTRATION OF THE PROBLEM☒ Major☐ Minor

Lot Quantity (pcs.)

Reject Quantity (pcs.)

Reject Percentage

1,145

21

1.8%

Nature of Defect:

PEEL OFF DUE TO SPLASHING

Requirement:

ITEM SHOULD BE FREE FROM ANY PEEL OFF

Actual:

PEEL OOF OCCURRED ON THE ITEM CLASS A PRINTER IMAGE

NO. OF OCCURRENCE**DISPOSITION****AREA OF OCCURRENCE / ORIGIN****CONTENT**☒ First
☐ Recurrence

No.:

Date:

☒ Hold
☐ Special Acceptance
☐ For Rework
☐ Reject / Disposal☐ Slotter
☐ EQOS
☐ Diecut
☐ Detaching
☐ Gluing
☐ Vertical
☒ Others:
LAMINATION☐ Material
☐ Dimension
☒ Appearance
☐ Process / Method

Issued by

Checked by

Approved by

Received by
(Receiving Section)M. ANONUEVO
QA-IE StaffG. 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	System		
RM							
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		QA Supervisor	QA Asst. Manager	Line Leader	Department Head
<input type="checkbox"/> Still Open					
<input type="checkbox"/> Re-Issue IRF		Date:	Date:	Date:	Date: