

**KANEPACKAGE PHILIPPINE INC.**

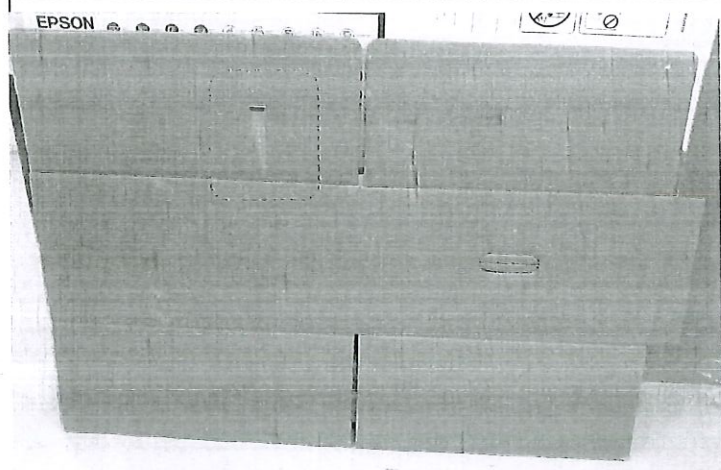
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna
Telephone No. (049) 545-7166 to 69
Fax No. (049) 545-6302

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

Control No.: IRF-10-0011

Date Issued: OCTOBER 13, 2022

| | | | |
|------------------|-------------------------------|-------------------|-------------------|
| Customer | EPSON IJP | Attention To | Ms. CEPEDA, NOEMI |
| Item Code | 5162286-00 | Department | KPLIMA PRODUCTION |
| Item Description | CARTON BOX - LOUVER 2 MCX ETD | Date of Detection | OCTOBER 13, 2022 |
| Job Order Number | 022909-23123 | Section Detected | EPSON IJP |

ILLUSTRATION OF THE PROBLEM

| | | |
|--|--------------------------------|---------------------------|
| <input checked="" type="checkbox"/> Major | <input type="checkbox"/> Minor | |
| Lot Quantity (pcs.) 1,779 | Reject Quantity (pcs.) 104 | Reject Percentage 5.8% |
| Nature of Defect: PEEL OFF | | |
| Requirement: ITEM SHOULD BE FREE FROM PEEL OFF REJECT | | |
| Actual: PEEL OFF OCCURRED ON THE ITEM | | |

| 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 checked="" type="checkbox"/> Reject / Disposal | <input type="checkbox"/> Slotter <input type="checkbox"/> EQOS <input type="checkbox"/> Diecut <input type="checkbox"/> Detaching | <input type="checkbox"/> Gluing <input type="checkbox"/> Vertical <input checked="" type="checkbox"/> Others: LAMINATION | <input type="checkbox"/> Material <input type="checkbox"/> Dimension <input checked="" type="checkbox"/> Appearance <input type="checkbox"/> Process / Method |
| Issued by M. ANONUEVO QA-IE Staff | Checked by G. MAGSINO QA Supervisor | Approved by QA Asst. Manager | Received by (Receiving Section) 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: |