**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

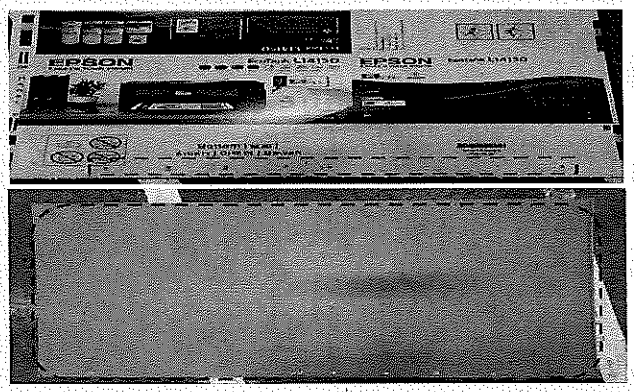
# INVESTIGATION REPORT FORM (IRF)

■ Inhouse Detection ☐ Customer Claim

Control No.: IRF-11-0001 Date Issued: 10-Nov-22

| | | | |
|---|---|---|---|
| Customer | EPPI | Attention To | NOEMI CEPEDA |
| Item Code | 516182300 | Department | KPLIMA-PRODUCTION |
| Item Description | LINUS FAL ASIA | Date of Detection | 10-Nov-22 |
| Job Order Number | 25010 | Section Detected | LAMINATION QA |

ILLUSTRATION OF THE PROBLEM




☐ Major ■ Minor

| Lot Quantity (pcs.) | Reject Quantity (pcs.) | Reject Percentage |
|---|---|---|
| 300 | 140 | 46.67% |

Nature of Defect:

GLUE STAIN

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF GLUE STAIN

Actual:

GLUE STAIN OCCURRED ON THE BOTTOM FLAP AND ON THE BACK SURFACE OF THE PANEL

| NO. OF OCCURRENCE | DISPOSITION | AREA OF OCCURRENCE / ORIGIN | CONTENT |
|---|---|---|---|
| ■ First | ☐ Hold | ☐ Slotter ☐ Gluing | ☐ Material |
| ☐ Recurrence | ☐ Special Acceptance | ☐ EQOS ☐ Vertical | ☐ Dimension |
| No.: | ☐ For Rework | ☐ Diecut ■ Others: | ☐ Appearance |
| Date:_____ | ☐ Reject / Disposal | ☐ Detaching | ■ Process / Method |

| Issued by | Checked by | Approved by | Received by (Receiving Section) |
|---|---|---|---|
| C. Arevalo<br>QA-IE Staff | G. Megsino<br>QA Supervisor | QA Asst. Manager | N. Cepeda<br>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:<br>Why 2:<br>Why 3:<br>Why 4:<br>Why 5: | Why 1:<br>Why 2:<br>Why 3:<br>Why 4:<br>Why 5: |
| Design / Toolings | Why 1:<br>Why 2:<br>Why 3:<br>Why 4:<br>Why 5: | Why 1:<br>Why 2:<br>Why 3:<br>Why 4:<br>Why 5: |
| Process / Material | Why 1:<br>Why 2:<br>Why 3:<br>Why 4:<br>Why 5: | Why 1:<br>Why 2:<br>Why 3:<br>Why 4:<br>Why 5: |

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## FINAL CONCLUSION

| OCCURRENCE ROOTCAUSE | OUTFLOW ROOTCAUSE |
|---|---|
| | |

**IMMEDIATE ACTION:** (Action to be done to contain/ temporary correct the problem found)

**A. Sorting Result**

| | Location | Total Stock | NG | Total Good |
|---|---|---|---|---|
| RM | | | | |
| WIP | | | | |
| FG | | | | |

**B. Orientation**

| | | | |
|---|---|---|---|
| Date | | Time | |
| Title | | | |
| Attendees | | | |

**C. Reworking**

| | |
|---|---|
| Rework Quantity | |
| Total Good | |
| Rework Percentage (Good) | |

**CORRECTIVE ACTION:** (Actions to be done to ensure that the problem will not happen again)

| | Actions to be done to eliminate recurrence | Who / When |
|---|---|---|
| System | | |
| Design / Tools | | |
| Process | | |

## 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) | |
|---|---|---|---|---|---|
| [ ] Closed | | QA Supervisor | QA Asst. Manager | Line Leader | Department Head |
| [ ] Still Open | | Date: | Date: | Date: | Date: |
| [ ] Re-Issue IRF | | | | | |