

**KANEPACKAGE PHILIPPINE INC.**

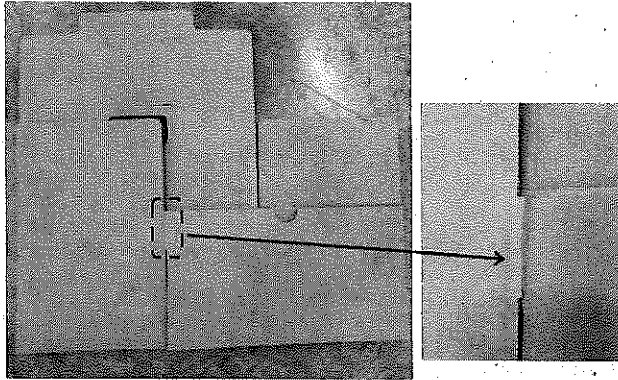
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna
Telephone No. (049) 545-7166 to 69
Fax No. (049) 545-6302

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

Control No.: IRF-11-0007

Date Issued: 22-Nov-22

Customer	EPI	Attention To	NOEMI CEPEDA
Item Code	515138500	Department	KPLIMA-PRODUCTION
Item Description	ACCESSORIES BOX	Date of Detection	21-Nov-22
Job Order Number	26728	Section Detected	SCREENING

ILLUSTRATION OF THE PROBLEM

☐ Major	☒ Minor	
Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
496	40	8.06%

Nature of Defect:

WORN OUT

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF WORN OUT

Actual:

WORN OUT OCCURRED ON THE FOLDING (SEE ACTUAL PICTURE)

NO. OF OCCURRENCE ☒ First ☐ Recurrence No.: Date:	DISPOSITION ☐ Hold ☐ Special Acceptance ☐ For Rework ☐ Reject / Disposal	AREA OF OCCURRENCE / ORIGIN ☐ Slotter ☐ EQOS ☐ Diecut ☐ Detaching ☐ Gluing ☐ Vertical ☒ Others:	CONTENT ☐ Material ☐ Dimension ☐ Appearance ☒ Process / Method
Issued by C. Arevalo QA-IE Staff	Checked by G. Magsino QA Supervisor	Approved by QA Asst. Manager	Received by (Receiving Section) 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				
WIP				
FG				

System

B. Orientation

Date		Time	
Title			
Attendees			

Design /
Tools**C. Reworking**

Rework Quantity	
Total Good	
Rework Percentage (Good)	

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					