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

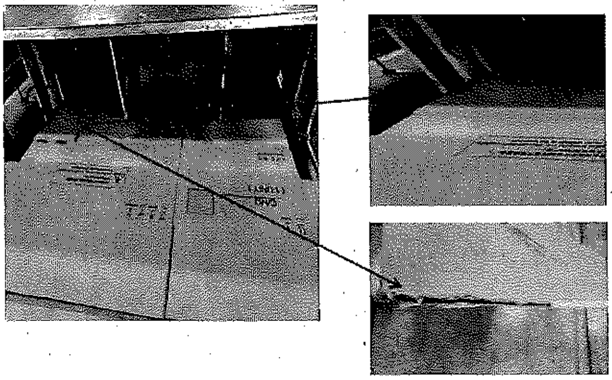
INVESTIGATION REPORT FORM (IRF)

■ Inhouse Detection ☐ Customer Claim

Control No.: IRF-11-0008 Date Issued: 24-Nov-22

Customer	EPPI	Attention To	NOEMI CEPEDA
Item Code	514145500	Department	KPLIMA-PRODUCTION
Item Description	MORESBY OCB	Date of Detection	23-Nov-22
Job Order Number	26016	Section Detected	INLINE QA

ILLUSTRATION OF THE PROBLEM



☐ Major ■ Minor

Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
1,592	27	1.70%

Nature of Defect:

DAMAGED

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF DAMAGED

Actual:

DAMAGED OCCURRED ON THE BOTTOM FLAP (SEE ACTUAL PICTURE)

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 QA-IE Staff	G. Magsino QA Supervisor	QA Asst. Manager	For 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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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		

Date Conducted:______________ PIC:________________

II. QA ROOTCAUSE VERIFICATION (To be filled out by QA in-charge)

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 ☐ Still Open ☐ Re-Issue IRF		QA Supervisor	QA Asst. Manager	Line Leader	Department Head
		Date:	Date:	Date:	Date: