

**KANEPACKAGE PHILIPPINE INC.**

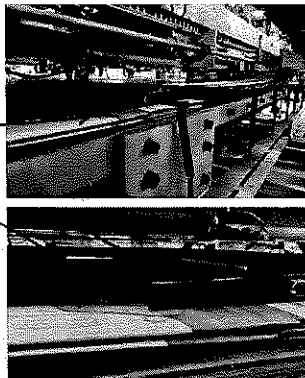
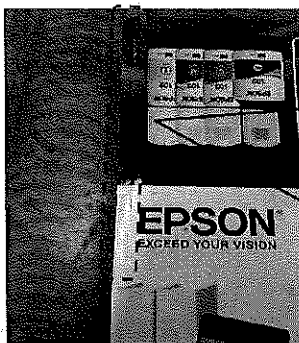
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna
Telephone No. (049) 545-7166 to 69
Fax No. (049) 545-6302

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

Control No.: IRF-11-0009

Date Issued: 24-Nov-22

Customer	EPPI	Attention To	NOEMI CEPEDA
Item Code	516228200	Department	KPLIMA-PRODUCTION
Item Description	LIONEL 2 FAL EUROPE	Date of Detection	23-Nov-22
Job Order Number	25884	Section Detected	INLINE QA

ILLUSTRATION OF THE PROBLEM☐ Major☒ Minor

Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
704	35	4.97%

Nature of Defect:

DAMAGED

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF DAMAGED

Actual:

DAMAGED OCCURRED ON THE UPPER FLAP (SEE ACTUAL PICTURE)

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

	Location	Total Stock	NG	Total Good
RM				
WIP				
FG				

Actions to be done to eliminate recurrence**Who / When****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					