	9 7 }	E PHILIPPINE INC.	INVESTIGATION REPORT FORM (IRF)					
	No. 5 Ring Road LISP II, Brgy, Li Telephone No. (049) 545-7166 to		Inhouse Detection	Inhouse Detection Customer Claim				
	Fax No. (049) 545-6302		Control No.: IRF-12-0005 Date Issued: 15-Dec-22					
Custome	EPPI		Attention To NOEMI CEPEDA					
Item Cod	e 516223000		Department KPLIMA- PRODUCTION					
Item Des	cription Lionel 2 Mbi 8	Europe	Date of Detection 13-Dec-22					
Job Orde	r Number 27261		Section Detected INLINE QA					
	ILLUSTRATION O	FTHE PROBLEM	Major Minor					
,,			Lot Quantity (pos.) 795	Reject Quantity (pcs.) 592	Reject Percentage 74.47%			
D.S.	PSON Books ET-2856 EPSON Beautiful Marie Tra	156	Nature of Defect: DELAMINATION					
			ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF DELAMINATION					
			Actual:					
			DELAMINATION OCCURRED ON THE LOWER FLAP CLASS B					
	NO. OF OCCURRENCE	DISPOSITION	AREA OF OCCU	JRRENCE / ORIGIN	CONTENT			
	First	Hold	Slotter	Gluing	Material			
	Recurrence	EQOS	Vertical	Dimension				
No.: For Rework			Diecut	Others:	Appearance			
Date: Reject / Disposal			Detaching		Process / Method			
	Issued by	Checked by	Approved b	У	Received by (Receiving Section)			
	١.				FOR: Say			
	C. A evalo	G/Mageino	OA Asst Mass		S. Magabe / N. Cepeda Head/ Supervisor			
	QA-IE Staff	QA Supervisor	QA Asst. Mana	ager	Fleatil Outpol visor			
	DIRECT CAUSE: (Analyze the reas	son of occurrence, why it happened?)	INDIRECT CAUSE	E (Analyze the reason of oc	currence, why It leaked?)			
	Why 1:		Why 1:		•			
Train	Why 2:		Why 2:					
System / Training	Why 3:		Why 3:					
Syst	Why 4:		Why 4:					
	Why 5:		Why 5:					
sg.	Why 1:		Why 2:					
Toolii	Why 2:		Why 3:					
Design / Toolings	Why 4:		Why 4:					
ĕ	Why 5:		Why 5:					
	Why 1:		Why 1:					
erial	Why 2:		Why 2: Why 3: Why 4:					
/ Mat	Why 3;							
Process / Material	Why 4:							
P. P.	Why 5:		Why 5:					

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)

Fax No. ((049) 545-6302								***************************************
				FINAL CONC	LUSION				
	OCCURRENCE	ROOTCAUSE	82.55		OUTFLOW ROOTCAUSE				
			64 (664)(<u>1665)</u>						
IMMEDIATE ACT	ION: (Action to be done to	contain/temporary	correct the grahi	iem (nund)	CORRECT	IVE ACTION: (Ac	tions to be done to ensure that the p	roblem will not happen	again)
	ICIT, (Action to be dollar)	Contain temporary					ne to eliminate recurrence		/ When
A. Sorting Result	Lacetton	Total Stock	NG	Total Good					
	Location		NG .	Total Good					
RM					System				
WIP								•	
FG									
B. Orientation			2050	7 5 6 6					
Date	Date		Time		Design /			A. Control	
Title					Tools				
Attendees									
C. Reworking						ļ			Ì
Rework Quantity			•		Process			ļ	
Total Good					Flucess	 		Ì	
Rework Percentage (Good)								
II, QA ROOTCA	AUSE VERIFICATION	N (To be filled or	ut by QA In-	charge) i	Date Conducted: PIC:				
	Identified	Rootcause			Recommendation				
				1					
		W CORRE	CTIVE ACTU	M VERIEICATI	N (To be fil	led out by QA in	-charge)		
		ere et en de en elle en beter E					Remarks		
	Che	cked by	Date	Implem	enteu /		VeillalVo		
1st Verification of A	Action			{]Yes	[] No				
						,,-			
2nd Verification of A	Action			[]Yes	[] No				
3rd Verification of A	Action			[]Yes	[] No				
310 Verification of A									
				[]Yes	[]No				
Effectiveness of A	CEROU			[] 103	1 1140				
Note: If no same of	tefects / problems occ	urs for 5 consecu	utive deliverie	es, corrective act	ion is consid	ered effective / cl	osed. If the same problem oc	curs within 5 cons	ecutive
deliveries or 3rd v	erification of action sti	Il not yet impleme	ented, Invest	igation Report sh	all be re-issu	ed to the affecte	d department to provide new	mprovement actio	in.
				IV, CLC	SURE				
Status;	Remarks:	10 mg 10 mg		Appro	ved by:		Process Owner Acknowled	gment: (Receiving	j Section)
Closed							a common Acopea Colombia Montana School and a colombia School	- Alvertain marie et marie et en marie et alle et en	opposite programme and the second
Still Open						et Mana	Line Leader	Department	t Hearl
			QA S Date:	Supervisor	QA As Date:	st, Manager	Line Leader Date:	Department Date:	. 1 1000
Re-Issue IRF					1]	<u></u>	