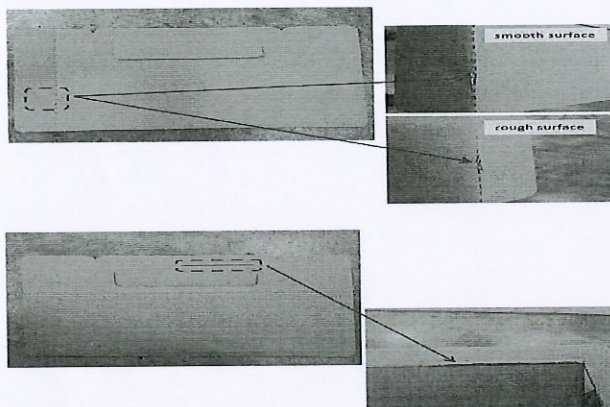# KANEPACKAGE PHILIPPINE INC.

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-23-01-0006   Date Issued: 23-Jan-23

Customer	EPPI	Attention To	NOEMI CEPEDA
Item Code	515374500	Department	KPLIMA- PRODUCTION
Item Description	BURSTING'	Date of Detection	20/01/2022 & 24/01/2023
Job Order Number	29036/ 29493	Section Detected	SCREENING QA

ILLUSTRATION OF THE PROBLEM

smooth surface

rough surface

☐ Major   ☑ Minor

Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
10235/ 10026	370/ 201	#VALUE!

Nature of Defect:

BURSTING

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF BURSTING

Actual:

BURSTING OCCURRED ON THE PERFORATION AND ON REVERSED CREASING (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	G. Magsino		N. Cepeda
QA-IE Staff	QA Supervisor	QA Asst. Manager	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)					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	System		
RM							
WIP							
FG							
B. Orientation					Design / Tools		
Date		Time					
Title							
Attendees							
C. Reworking					Process		
Rework Quantity							
Total Good							
Rework Percentage (Good)							

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					