

**KANEPACKAGE PHILIPPINE INC.**

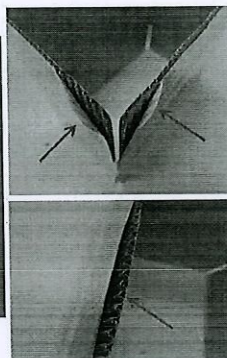
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna  
Telephone No. (049) 545-7166 to 69  
Fax No. (049) 545-6302

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

Control No.: IRF-23-03-0021

Date Issued: 11-Mar-23

|                  |                                  |                   |                    |
|------------------|----------------------------------|-------------------|--------------------|
| Customer         | EPPI                             | Attention To      | NOEMI CEPEDA       |
| Item Code        | 516106500 / \$1 591 2200         | Department        | KPLIMA- PRODUCTION |
| Item Description | ROSA SAX ASIA / LOUVRE 2 MIX EAI | Date of Detection | 18-Mar-22          |
| Job Order Number | 32865 / 33050                    | Section Detected  | INLINE QA          |

**ILLUSTRATION OF THE PROBLEM**

|                                |   |                   |
|--------------------------------|---|-------------------|
| <input type="checkbox"/> Major | <input checked="" type="checkbox"/> Minor |                   |
| Lot Quantity (pcs.)            | Reject Quantity (pcs.)                    | Reject Percentage |
| 398 / 794                      | 23 / 100                                  | 5.78% / 12.59%    |

Nature of Defect:

DELAMINATION

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF DELAMINATION

Actual:

DELAMINATION OCCURRED ON UPPER FLAP CLASS B (ROSA SAX)  
BOTTOM FLAP CLASS B 7 C (LOUVRE 2)

| NO. OF OCCURRENCE   | DISPOSITION   | AREA OF OCCURRENCE / ORIGIN   | CONTENT  |
|---|---|---|--|
| <input checked="" type="checkbox"/> First<br><input type="checkbox"/> Recurrence<br>No.:<br>Date: | <input type="checkbox"/> Hold<br><input type="checkbox"/> Special Acceptance<br><input checked="" type="checkbox"/> For Rework (LOUVRE 2)<br><input checked="" type="checkbox"/> Reject / Disposal (ROSA SAX) | <input type="checkbox"/> Slotter<br><input type="checkbox"/> EQOS<br><input type="checkbox"/> Diecut<br><input type="checkbox"/> Detaching<br><input checked="" type="checkbox"/> Gluing<br><input type="checkbox"/> Vertical<br><input type="checkbox"/> Other Screening | <input type="checkbox"/> Material<br><input type="checkbox"/> Dimension<br><input type="checkbox"/> Appearance<br><input checked="" type="checkbox"/> Process / Method |
| Issued by   | Checked by  | Approved by   | Received by<br>(Receiving Section)   |
| C. Arevalo<br>QA-IE Staff   | G. Magsino<br>QA Supervisor   | QA Asst. Manager  | N. Cepeda<br>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:<br>Why 2:<br>Why 3:<br>Why 4:<br>Why 5:                     | Why 1:<br>Why 2:<br>Why 3:<br>Why 4:<br>Why 5:                     |
| Design / Toolings  | Why 1:<br>Why 2:<br>Why 3:<br>Why 4:<br>Why 5:                     | Why 1:<br>Why 2:<br>Why 3:<br>Why 4:<br>Why 5:                     |
| Process / Material | Why 1:<br>Why 2:<br>Why 3:<br>Why 4:<br>Why 5:                     | Why 1:<br>Why 2:<br>Why 3:<br>Why 4:<br>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

Design /  
Tools

Process

**B. Orientation**

|           |  |      |  |
|-----------|--|------|--|
| Date      |  | Time |  |
| Title     |  |      |  |
| Attendees |  |      |  |

**C. Reworking**

|                          |  |
|--------------------------|--|
| 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) |                 |
|---------------------------------------|----------|---------------|------------------|---|-----------------|
| <input type="checkbox"/> Closed       |          | QA Supervisor | QA Asst. Manager | Line Leader                                       | Department Head |
| <input type="checkbox"/> Still Open   |          | Date:         | Date:            | Date:   | Date:           |
| <input type="checkbox"/> Re-Issue IRF |          |               |                  |   |                 |