

**KANEPACKAGE PHILIPPINE INC.**

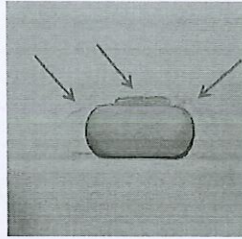
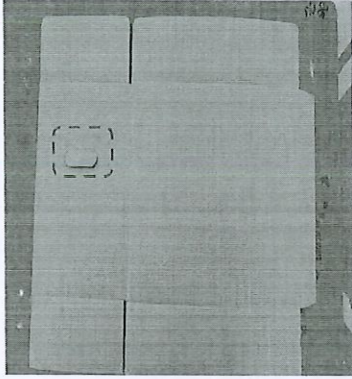
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna
Telephone No. (049) 545-7166 to 69
Fax No. (049) 545-6302

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

Control No.: IRF-23-03-0024

Date Issued: 28-Mar-23

| | | | |
|------------------|--------------------|-------------------|--------------------|
| Customer | EPPI | Attention To | NOEMI CEPEDA |
| Item Code | 516513000 | Department | KPLIMA- PRODUCTION |
| Item Description | Light 2 Mb America | Date of Detection | 27-Mar-22 |
| Job Order Number | 33380 | Section Detected | DIECUT QA |

ILLUSTRATION OF THE PROBLEM

| | | |
|--------------------------------|---|-------------------|
| <input type="checkbox"/> Major | <input checked="" type="checkbox"/> Minor | |
| Lot Quantity (pcs.) | Reject Quantity (pcs.) | Reject Percentage |
| 898 | 45 | 5.01% |

Nature of Defect:

DAMAGED

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF DAMAGED

Actual:

DAMAGED OCCURRED ON THE HANDHOLE
(PLEASE SEE ATTACHED PICTURE)

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