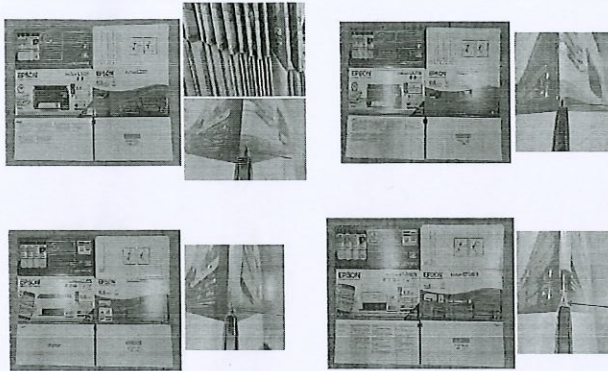# KANEPACKAGE PHILIPPINE INC.

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-23-04-0026          Date Issued: 04-Apr-23

| | |
|---|---|
| Customer | EPPI |
| Item Code | 515907900/ 515907800/ 515911400/ 515912200 |
| Item Description | LOUVRE 2 (SF) |
| Job Order Number | 33732/ 33748/ 33750/ 33751 |

| | |
|---|---|
| Attention To | NOEMI CEPEDA |
| Department | KPLIMA- PRODUCTION |
| Date of Detection | 03-Apr-22 |
| Section Detected | INLINE QA |

## ILLUSTRATION OF THE PROBLEM

☐ Major          ☑ Minor

| Lot Quantity (pcs.) | Reject Quantity (pcs.) | Reject Percentage |
|---|---|---|
| 3,758 | 397 | 10.56% |

**Nature of Defect:**

BURSTING
515907900= 75/582 (12.89%) / 515907800= 206/1296 (15.90%)
515911400= 41/498 (8.24%) / 515912200= 75/1382 (8.24%)

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF BURSTING

**Actual:**

BURSTING OCCURRED ON THE FOLDING SIDE
(PLEASE SEE ATTACHED 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 | ☐ Other Screening | ☐ 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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# 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** | | | | Actions to be done to eliminate recurrence | | Who / When |
| | Location | Total Stock | NG | Total Good | | |
| RM | | | | | System | |
| WIP | | | | | | |
| FG | | | | | | |
| **B. Orientation** | | | | | | |
| Date | | Time | | | Design / Tools | |
| Title | | | | | | |
| Attendees | | | | | | |
| **C. Reworking** | | | | | | |
| Rework Quantity | | | | | Process | |
| 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 | | | | | |
| ☐ Still Open | | QA Supervisor | QA Asst. Manager | Line Leader | Department Head |
| ☐ Re-Issue IRF | | Date: | Date: | Date: | Date: |

LQA-006-F01 REV.0(