

**KANEPACKAGE PHILIPPINE INC.**

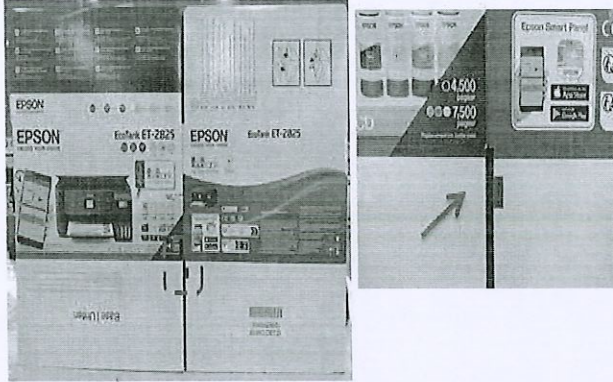
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna  
Telephone No. (049) 545-7166 to 69  
Fax No. (049) 545-6302

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

Control No.: IRF-23-04-0027

Date Issued: 05-Apr-23

|                  |                                |                   |                    |
|------------------|--------------------------------|-------------------|--------------------|
| Customer         | EPPI                           | Attention To      | NOEMI CEPEDA       |
| Item Code        | 516592800                      | Department        | KPLIMA- PRODUCTION |
| Item Description | LOUVRE 2 MJX ICB FFOR EUROPE D | Date of Detection | 05-Apr-22          |
| Job Order Number | 33732/ 33748/ 33750/ 33751     | Section Detected  | INLINE QA          |

**ILLUSTRATION OF THE PROBLEM**

|   |                                |                   |
|---|--------------------------------|-------------------|
| <input checked="" type="checkbox"/> Major | <input type="checkbox"/> Minor |                   |
| Lot Quantity (pcs.)                       | Reject Quantity (pcs.)         | Reject Percentage |
| 298                                       | 1                              | 0.34%             |

Nature of Defect:

DOUBLE PANEL (A)

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF DOUBLE PANEL

Actual:

DOUBLE PANEL OCCURRED AND FLOW OUT TO QA INSPECTION  
(PLEASE SEE ATTACHED PICTURE)

| NO. OF OCCURRENCE                         |  | DISPOSITION   |  | AREA OF OCCURRENCE / ORIGIN        |  | CONTENT  |  |
|---|--|---|--|------------------------------------|--|--|--|
| <input checked="" type="checkbox"/> First |  | <input type="checkbox"/> Hold                         |  | <input type="checkbox"/> Slotter   | <input checked="" type="checkbox"/> Gluing | <input type="checkbox"/> Material                    |  |
| <input type="checkbox"/> Recurrence       |  | <input type="checkbox"/> Special Acceptance           |  | <input type="checkbox"/> EQOS      | <input type="checkbox"/> Vertical          | <input type="checkbox"/> Dimension                   |  |
| No.:                                      |  | <input type="checkbox"/> For Rework                   |  | <input type="checkbox"/> Diecut    | <input type="checkbox"/> Other Screening   | <input type="checkbox"/> Appearance                  |  |
| Date:                                     |  | <input checked="" type="checkbox"/> Reject / Disposal |  | <input type="checkbox"/> Detaching |  | <input checked="" type="checkbox"/> Process / Method |  |
| Issued by                                 |  | Checked by  |  | Approved by                        |  | Received by<br>(Receiving Section)                   |  |
| d.<br>C. Arevalo<br>QA-IE Staff           |  | S. Magallon<br>QA Supervisor                          |  | [Signature]<br>QA Asst. Manager    |  | [Signature]<br>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: |  | 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**

|     | Location | Total Stock | NG | Total Good |
|-----|----------|-------------|----|------------|
| RM  |          |             |    |            |
| WIP |          |             |    |            |
| FG  |          |             |    |            |

Actions to be done to eliminate recurrence

Who / When

System

**B. Orientation**

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

Design /  
Tools**C. Reworking**

|                          |  |
|--------------------------|--|
| Rework Quantity          |  |
| Total Good               |  |
| Rework Percentage (Good) |  |

Process

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