

**KANEPACKAGE PHILIPPINE INC.**

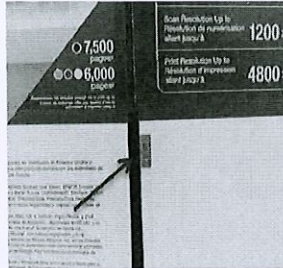
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna  
Telephone No. (049) 545-7166 to 69  
Fax No. (049) 545-6302

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

Control No.: IRF-23-05-0031

Date Issued: 03-May-23

Customer	EPPI	Attention To	NOEMI CEPEDA
Item Code	515998000	Department	KPLIMA- PRODUCTION
Item Description	LIONEL PG MGL ICB FOR AMERICA	Date of Detection	02-May-22
Job Order Number	35178	Section Detected	INLINE QA

**ILLUSTRATION OF THE PROBLEM**☒ Major☐ Minor

Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
99	1	1.01%



Nature of Defect:

DOUBLE PANEL

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

Actual:

DOUBLE PANEL OCCURRED ON THE ITEM (SAME PANEL B)

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 (Receiving Section)	
<div>af- C. Arevalo QA-IE Staff</div>		<div> G. Magsino QA-Supervisor</div>		<div>  QA Asst. Manager</div>		<div>For  N. Cepeda Head/ Supervisor</div>	

**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					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				
<i>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.</i>							
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							