KANEPACKAGE PHILIPPINE INC.			INVESTIGATION REPORT FORM (IRF)							
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna Telephone No. (049) 545-7166 to 69 Fax No. (049) 545-6302					Inhouse Detection Customer Claim Control No.: IRF-23-05-0035 Date Issued: 06-May-23					
tem Code 5161499-00					Department KPLIMA- PRODUCTION					
ILLUSTRATION OF THE PROBLEM					Date of Detection 05-May-22					
					Section Detected PRODUCTION DETACHING					
								Minor		
					Quantity (pcs.)	Reject Qua		Reject Percentage		
				1,800	40	0	22.22%			
			Mark .	Nature of	Nature of Defect:					
					J. BURSTING/ CRACKING					
			R	ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF BURSTING						
				Actual:	Actual:					
			91		BURSTING OCCURRED ON THE ITEM					
	NO. OF OCCURR	ENCE	DISPOSITION		AREA OF OC	CONTENT				
	First		Hold	Slotter Gluing Material				Material		
	Recurrence Special Acceptance				EQOS Vertical Dimension					
No.: For Rework					Diecut	Other	Screening	Appearance		
	Date:		Reject / Disposal	Dottoming				Process / Method		
	Issued by		Checked by		Approved by Received by (Receiving Section)					
	1							for The		
	C. Arevalo		fr, G. Magsino					N. Cepeda		
	QA-IE Staff		QA Subervisor	QA Asst. Manager			47.00 (47.75),00	Head/ Supervisor		
			I. INVESTIG	ATION / AN				was a why it leaked?)		
	DIRECT CAUSE: (A	Analyze the reas	on of occurrence, why it happened?)		INDIRECT CAU	SE: (Analyze the re	eason of occu	rrence, why it leaked?)		
Đ Đ	Why 1:			Why 1: Why 2:						
System / Training	Why 2:									
em/.	Why 3:									
Syst	Why 4:									
	Why 5:									
sbi	Why 1:									
Toolir	Why 2:				Why 2: Why 3:					
Design / Toolings	Why 3:				Why 4:					
Des	Why 4:				Why 5:					
	Why 5: Why 1:			Why 1: Why 2: Why 3:						
erial										
Mate	Why 2: Why 3:									
Process / Material	Why 4:				Why 4:					
Pro	Why 4: Why 5:				Why 5:					
	, 0.			Trily 6.						

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INVESTIGATION REPORT FORM (IRF)

Location Total Stock NG Total Good M System VIP G G Orientation Orientation Otal Attendees Rework Quantity Process System System System Process					FINAL CONCL	USION							
Sorting Result Content Content	THE STATE OF THE STATE OF THE SAME OF THE					OUTFLOW ROOTCAUSE							
Sorting Result Content Content													
Sorting Result Content Content													
Sorting Result Content Content													
Sorting Result Location Total Stock Ng Total Good System	IMMEDIATE ACTION:	IMMEDIATE ACTION: (Action to be done to contain/ temporary correct the problem found)											
Me System	Sorting Result						Actions to be do	ne to eliminate recurrence	Who / When				
System G G G G G G G G G G G G G G G G G G G	Lo	cation	Total Stock	NG	Total Good								
G Design / Tools Title	RM					System							
Orientation Sale Time Design / Tools Statutedees Time Time Tools Statutedees Time Time Tools Statutedees Time Time Tools Statutedees Time Time Tools Statutedees Time Time Time Statutedees Time Time Time Time Time Statutedees Time Time Time Time Time Time Time Statutedees Time Time	WIP												
Design / Tools Netendees Control Control	FG							_					
Tools Reworking Rework Quantity II. QA REOTCAUSE VERIFICATION (To be filled out by QA In-charge) III. GORRECTIVE ACTION VERIFICATION (To be filled out by QA In-charge) III. QARCOTCAUSE VERIFICATION (To be filled out by QA In-charge) III. QARCOTCAUSE VERIFICATION (To be filled out by QA In-charge) III. QARCOTCAUSE III. GORRECTIVE ACTION VERIFICATION (To be filled out by QA In-charge) The process Recommendation III. QARCOTCAUSE Remarks III. QARCOTCAUSE III. QARCOT	. Orientation												
III. CORRECTIVE ACTION VERIFICATION (To be filled out by QA In-charge) III. CORRECTIVE ACTION VERIFICATION (To be filled out by QA In-charge) III. CORRECTIVE ACTION VERIFICATION (To be filled out by QA In-charge) III. CORRECTIVE ACTION VERIFICATION (To be filled out by QA In-charge) III. CORRECTIVE ACTION VERIFICATION (To be filled out by QA In-charge) III. CORRECTIVE ACTION VERIFICATION (To be filled out by QA In-charge) III. CORRECTIVE ACTION VERIFICATION (To be filled out by QA In-charge) In the seminate of the	Date		Time		*								
Reworking Rework Quantity Fotal Good Rework Percentage (Good) IL QA ROOTCAUSE VERIFICATION (To be filled out by QA In-charge) Date Conducted: PIC: Identified Rootcause Recommendation III. CORRECTIVE ACTION VERIFIGATION (To be filled out by QA In-charge)	Title					100.0							
Rework Quantity Fotal Good Rework Percentage (Good) II. QA ROOTCAUSE VERIFICATION (To be filled out by QA In-charge) Identified Rootcause Recommendation	Attendees												
rotal Good Rework Percentage (Good) III. QA ROOTCAUSE VERIFICATION (To be filled out by QA In-charge) Identified Roctcause Recommendation	C. Reworking												
Rework Percentage (Good) II. GARCOTCAUSE VERIFICATION (To be filled out by QA In-charge) Date Conducted:	Rework Quantity												
Date Conducted: PIC: PIC: Recommendation PIC: Recommendation PIC: Recommendation PIC: PIC	Total Good												
III. CORRECTIVE ACTION VERIFICATION (To be filled out by QA In-charge) Checked by					201.072.017.51			DIO:					
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 Care of Consecutive Consecuti	II. QA ROOTCAUS		TORE MC DOLLARS	ut by QA In-	charge)	Date Conduct	ed:						
Ist Verification of Action Indiverification of Action In		Identified	Rootcause					Recommendation					
Ist Verification of Action Indiverification of Action In													
1st Verification of Action [] Yes [] No 2nd Verification 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. V. CLOSURE			III. CORRE	CTIVE ACTI	ON VERIFICATION	ON (To be fill	ed out by QA In	-charge)					
2nd Verification of Action []Yes []No []Yes []No []Yes []No []Yes []No []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		Che	ecked by	Date	Implem	ented?		Remarks					
3rd Verification of Action [] Yes [] No [] 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	1st Verification of Action		[]Yes []No		[] No								
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Status: Remarks: Approved by: Process Owner Acknowledgment: (Receiving Section Glosed GA Supervisor QA Supervisor QA Asst. Manager Department to provide new improvement action. IV. CLOSURE Line Leader Department Head	Effectiveness of Action	n			[]Yes	[] No							
Status: Remarks: Approved by: Process Owner Acknowledgment: (Receiving Section Closed QA Supervisor QA Asst. Manager Line Leader Department Head	Note: If no same defect deliveries or 3rd verific	ts / problems oc ation of action s	curs for 5 consec till not yet implem	cutive deliver ented, Inves	ies, corrective act tigation Report sh	ion is conside all be re-issu	ered effective / cl ed to the affected	osed. If the same problem oc d department to provide new	curs within 5 consecutive improvement action.				
Closed Still Open QA Supervisor QA Asst. Manager Line Leader Department Head					TO HEROMAN ALL PROPERTY								
Still Open QA Supervisor QA Asst. Manager Line Leader Department Head	Status:	Remarks			Appro	ved by:		Process Owner Acknowled	Igment: (Receiving Section)				
Still Open QA Supervisor QA Asst. Manager Line Leader Department Head													
Date:				QA	Supervisor	QA Ass	st. Manager	Line Leader	Department Head				
	Re-Issue IRF								Date:				