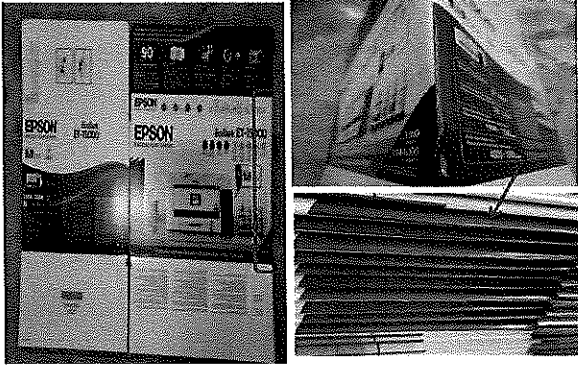
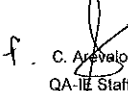
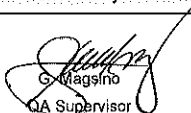
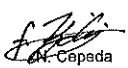
 KANEPACKAGE PHILIPPINE INC. No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna Telephone No. (049) 545-7166 to 69 Fax No. (049) 545-6302		INVESTIGATION REPORT FORM (IRF) <input checked="" type="checkbox"/> Inhouse Detection <input type="checkbox"/> Customer Claim Control No.: IRF-23-06-0048 Date Issued: 10-Jun-23	
Customer	EPEI	Attention To	NOEMI CEPEDA
Item Code	516181800	Department	KPLIMA- PRODUCTION
Item Description	Linus FAL America	Date of Detection	06-Jun-22
Job Order Number	37614	Section Detected	INLINE QA
ILLUSTRATION OF THE PROBLEM		<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor	
		Lot Quantity (pcs.)	Reject Quantity (pcs.)
		498	64
		Reject Percentage	12.85%
		Nature of Defect:	
		CRACKING	
		ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF CRACKING	
		Actual:	
		SCRATCHES ENCOUNTERED ON THE FOLDING SIDE (PLEASE SEE ATTACHED PICTURE)	
NO. OF OCCURRENCE <input checked="" type="checkbox"/> First <input type="checkbox"/> Recurrence No.: Date:		DISPOSITION <input type="checkbox"/> Hold <input type="checkbox"/> Special Acceptance <input type="checkbox"/> For Rework <input checked="" type="checkbox"/> Reject / Disposal	
		AREA OF OCCURRENCE / ORIGIN <input type="checkbox"/> Slotter <input checked="" type="checkbox"/> Gluing <input type="checkbox"/> EQOS <input type="checkbox"/> Vertical <input type="checkbox"/> Diecut <input type="checkbox"/> Others: <input type="checkbox"/> Detaching	
		CONTENT <input type="checkbox"/> Material <input type="checkbox"/> Dimension <input type="checkbox"/> Appearance <input checked="" type="checkbox"/> Process / Method	
Issued by  C. Arevalo QA-IE Staff		Checked by  G. Magano QA Supervisor	
		Approved by QA Asst. Manager	
		Received by (Receiving Section)  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 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:	

**KANEPACKAGE PHILIPPINE INC.**

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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				
WIP				
FG				

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	Initial requirement of EPP1= 168 pcs. No available RM Stocks of SF Next Plan: Possible December 2023	QA Supervisor	QA Asst. Manager	Line Leader	Department Head
<input type="checkbox"/> Still Open		Date:	Date:	Date:	Date:
<input type="checkbox"/> Re-Issue IRF					