

**KANEPACKAGE PHILIPPINE INC.**

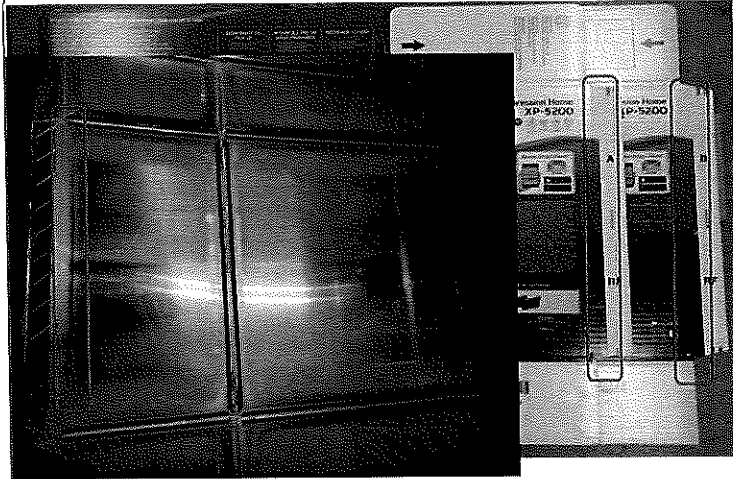
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna
Telephone No. (049) 545-7166 to 69
Fax No. (049) 545-6302

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

Control No.: IRF-08-23-04-0049

Date Issued: JUNE 08, 2023

Customer	EPSON IJP	Attention To	NOIME CEPEDA
Item Code	5163789-00	Department	KPLIMA PRODUCTION
Item Description	LIME 2 MB ICB FOR AMERICA	Date of Detection	JUNE 06, 2023
Job Order Number	037836	Section Detected	INLINE QA

ILLUSTRATION OF THE PROBLEM☒ Major☐ Minor

Lot Quantity (pcs.)

348

Reject Quantity (pcs.)

348

Reject Percentage

100.0%

Nature of Defect:

NO CREASING MATRIX

Requirement:

ITEM SHOULD HAVE CREASING MATRIX

Actual:

MISSING CREASING MATRIX

NO. OF OCCURRENCE	DISPOSITION	AREA OF OCCURRENCE / ORIGIN	CONTENT
<input checked="" type="checkbox"/> First <input type="checkbox"/> Recurrence No.: Date:	<input type="checkbox"/> Hold <input checked="" type="checkbox"/> Special Acceptance <i>Check the actual sample.</i> <input type="checkbox"/> For Rework <input type="checkbox"/> Reject / Disposal	<input type="checkbox"/> Slotter <input type="checkbox"/> EQOS <input checked="" type="checkbox"/> Diecut <input type="checkbox"/> Detaching <input type="checkbox"/> Gluing <input type="checkbox"/> Vertical <input type="checkbox"/> Others:	<input type="checkbox"/> Material <input type="checkbox"/> Dimension <input type="checkbox"/> Appearance <input checked="" type="checkbox"/> Process / Method
Issued by M. ANONUEVO QA-IE Staff	Checked by G. MASSINO QA Supervisor	Approved by QA Asst. Manager	Received by (Receiving Section) 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.		ABNORMALITY REPORT		Control No.
				AR-06-0033

Item Code	5163789-00	Customer	EPPI
Item Description	LIME 2 MB AMERICA	Delivery Date	N/A
Detection (Section / Area)	IN-PROCESS DIE CUT 3/NS	Job Order Number	JO-037836
Inspection Date	06/08/2023	External Provider	IN-HOUSE
Affected Quantity	348/348 100.00%	Date Received	N/A
Problem Description	NO CREASING MATRIX	Delivery Receipt Number	6618

II. Visual Reference (Defect Illustration)

III. Documented Information Review (To be filled out by QA Line leader)

Related Doc. Info. <input type="checkbox"/> Procedure Manual : _____ <input type="checkbox"/> Technical Drawing : _____ <input type="checkbox"/> Work Instruction : _____ <input type="checkbox"/> Job Order : _____ <input type="checkbox"/> Reports : _____ <input type="checkbox"/> Defect Limit : _____	Control Number _____	Requirement: ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF NO CREASING MATRIX	Actual: NO CREASING MATRIX ON DIE CUT PLATE
		Conclusion and Recommendation:	<input type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable

IV. Initial Disposition (To be filled out by ME Department if Needed)

<input checked="" type="checkbox"/> Good <input type="checkbox"/> Rejected <input type="checkbox"/> Backload	<input type="checkbox"/> Conditional (Please indicate details) _____ _____
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V. Final Disposition

<input type="checkbox"/> Rejected <input type="checkbox"/> Backload <input checked="" type="checkbox"/> Good <input type="checkbox"/> For Sorting <input type="checkbox"/> For Rework	<input type="checkbox"/> Conditional (Please indicate details) _____
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Person In Charge	Target Date	Signature

Remarks:

Detected by	Checked by	Initial Approved by (If Needed)	Noted by	Approved by

QA Inspector	QA Line Leader	ME Supervisor	QA Supervisor	QA Head

Important: Backloading Policy (External Provider Rejects) Rejection rate that is more than 80% of the total quantity shall be approved by Top Management before backloading.	Evaluation <input type="checkbox"/> <80% No Need <input type="checkbox"/> >80% Need	Approved by _____ Top Management	Final Disposition <input type="checkbox"/> Backload <input type="checkbox"/> Accept <input type="checkbox"/> Other _____
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Note: All details must be filled out completely.
 Submit this form to Line Leader immediately after accomplishment.