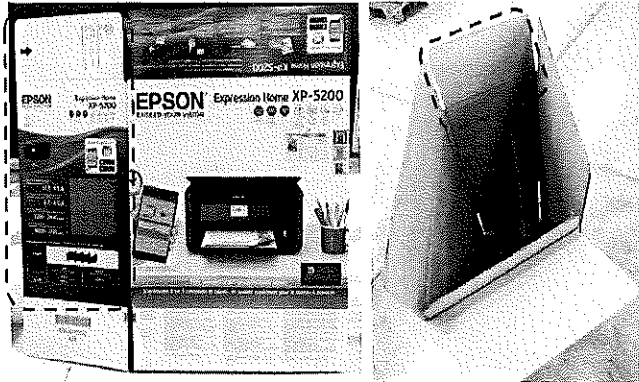# KANEPACKAGE PHILIPPINE INC.

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-23-06-0054   Date Issued: 22-Jun-23

Customer	EPPI	Attention To	NOEMI CEPEDA
Item Code	5163789-00	Department	KPLIMA- PRODUCTION
Item Description	LIME 2 MB ICB FOR AMERICA	Date of Detection	21-Jun-22
Job Order Number	38577	Section Detected	INLINE QA

ILLUSTRATION OF THE PROBLEM

■ Major	□ Minor

Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
434	4	0.92%

Nature of Defect:

NO INSERT PAD

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF NO INSERT PAD

Actual:

NO INSERT PAD ENCOUNTERED ON THE IETM
(PLEASE SEE ATTACHED PICTURE)

NO. OF OCCURRENCE	DISPOSITION	AREA OF OCCURRENCE / ORIGIN		CONTENT
■ First	□ Hold	□ Slotter	■ Gluing	□ Material
□ Recurrence	□ Special Acceptance	□ EQOS	□ Vertical	□ Dimension
No.:	□ For Rework	□ Diecut	□ Others:	□ Appearance
Date:	■ Reject / Disposal	□ Detaching		■ Process / Method

Issued by	Checked by	Approved by	Received by (Receiving Section)
C. Arevalo	G. Magsino		N. Cepeda
QA-IE Staff	QA Supervisor	QA Asst. Manager	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 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:

LQA-006-F01 REV.00

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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					System		
WIP							
FG							
B. Orientation							
Date		Time			Design / Tools		
Title							
Attendees							
C. Reworking							
Rework Quantity					Process		
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	

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 [ ] Re-Issue IRF	Initial requirement of EPPI= 168 pcs. No available RM Stocks of SF Next Plan: Possible December 2023	QA Supervisor Date:	QA Asst. Manager Date:	Line Leader Date:	Department Head Date:

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