



KANEPACKAGE PHILIPPINE INC.

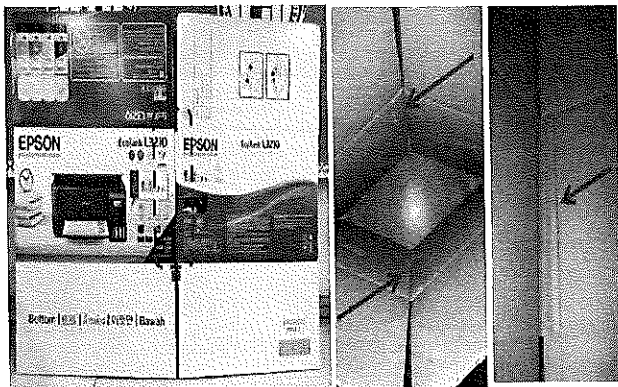
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna
 Telephone No. (049) 545-7166 to 69
 Fax No. (049) 545-6302

INVESTIGATION REPORT FORM (IRF)

Inhouse Detection Customer Claim
 Control No.: IRF-23-06-0056 Date Issued: 26-Jun-23

Customer	EPPi	Attention To	NOEMI CEPEDA
Item Code	5162982-00	Department	KPLIMA- PRODUCTION
Item Description	LOUVRE 2 MCX ICB FOR ASIA; C	Date of Detection	26-Jun-22
Job Order Number	38883	Section Detected	INLINE QA

ILLUSTRATION OF THE PROBLEM



<input type="checkbox"/> Major		<input checked="" type="checkbox"/> Minor
Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
1,198	174	14.52%

Nature of Defect:
 PEEL OFF
 ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF PEEL OFF

Actual:
 PEEL OFF ENCOUNTERED ON THE INNER PORTION OF THE ICB
 (PLEASE SEE ATTACHED PICTURE)

NO. OF OCCURRENCE	DISPOSITION	AREA OF OCCURRENCE / ORIGIN	CONTENT
<input checked="" type="checkbox"/> First	<input type="checkbox"/> Hold	<input type="checkbox"/> Slotter	<input type="checkbox"/> Material
<input type="checkbox"/> Recurrence	<input type="checkbox"/> Special Acceptance	<input checked="" type="checkbox"/> Gluing	<input type="checkbox"/> Dimension
No.:	<input type="checkbox"/> For Rework	<input type="checkbox"/> EQOS	<input type="checkbox"/> Appearance
Date:	<input checked="" type="checkbox"/> Reject / Disposal	<input type="checkbox"/> Diecut	<input type="checkbox"/> Process / Method
		<input type="checkbox"/> Detaching	
		<input type="checkbox"/> Others:	

Issued by	Checked by	Approved by	Received by (Receiving Section)
C. Arevalo QA-IE Staff	<i>[Signature]</i> G. Magsino QA Supervisor	QA Asst. Manager	<i>[Signature]</i> 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 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
RM				
WIP				
FG				

System

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	

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 EPPI= 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					