

**KANEPACKAGE PHILIPPINE INC.**

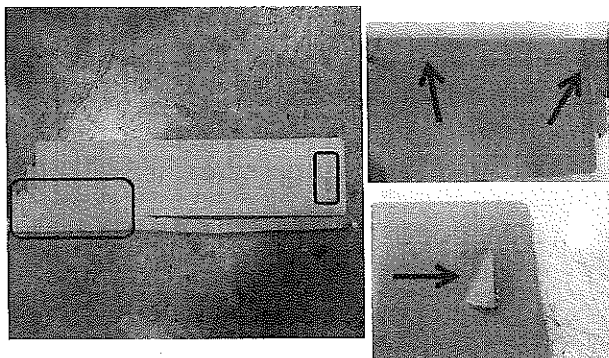
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna
Telephone No. (049) 545-7166 to 69
Fax No. (049) 545-6302

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

Control No.: IRF-23-07-0059

Date Issued: 05-Jul-23

Customer	EPPI	Attention To	NOEMI CEPEDA
Item Code	514784500	Department	KPLIMA- PRODUCTION
Item Description	PAD SLEEVE	Date of Detection	04-Jul-22
Job Order Number	39340	Section Detected	DETACHING

ILLUSTRATION OF THE PROBLEM☐ Major☒ Minor

Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
3,000	375	12.50%

Nature of Defect:

PEEL OFF

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF PEEL OFF

Actual:

PEEL OFF ENCOUNTERED ON THE ITEM
(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 type="checkbox"/> EQOS <input type="checkbox"/> Diecut <input checked="" type="checkbox"/> Detaching <input type="checkbox"/> Gluing <input type="checkbox"/> Vertical <input type="checkbox"/> Others:	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. Magsino 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:

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