

**KANEPACKAGE PHILIPPINE INC.**

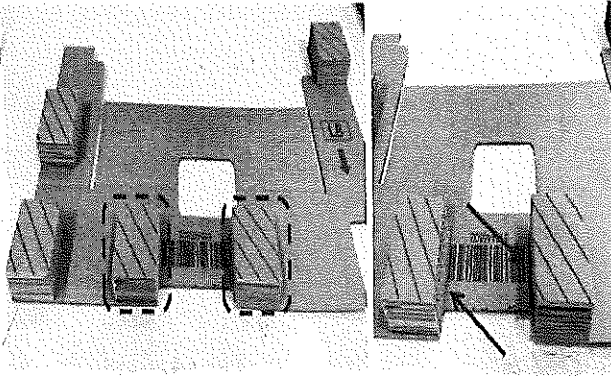
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna  
Telephone No. (049) 545-7166 to 69  
Fax No. (049) 545-6302

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

Control No.: IRF-23-07-0061

Date Issued: 11-Jul-23

Customer	EPPI	Attention To	NOEMI CEPEDA
Item Code	5164455-02	Department	KPLIMA- PRODUCTION
Item Description	PAD ASSY, LB	Date of Detection	11-Jul-22
Job Order Number	39907	Section Detected	LUCIDA QA

**ILLUSTRATION OF THE PROBLEM**☒ Major☐ Minor

Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
962	2	0.21%

**Nature of Defect:**

INVERTED PAD BLOCKS ATTACHMENT

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF INVERTED PAD BLOCKS ATTACHMENT

**Actual:**INVERTED PAD BLOCKS ATTACHMENT ENCOUNTERED ON UTHE ITEM  
(PLEASE SEE ATTACHED PICTURE)

<b>NO. OF OCCURRENCE</b> <input checked="" type="checkbox"/> First <input type="checkbox"/> Recurrence No.: Date:	<b>DISPOSITION</b> <input type="checkbox"/> Hold <input type="checkbox"/> Special Acceptance <input type="checkbox"/> For Rework <input checked="" type="checkbox"/> Reject / Disposal	<b>AREA OF OCCURRENCE / ORIGIN</b> <input type="checkbox"/> Slotter <input type="checkbox"/> EQOS <input type="checkbox"/> Diecut <input type="checkbox"/> Detaching <input type="checkbox"/> Gluing <input type="checkbox"/> Vertical <input checked="" type="checkbox"/> Other LUCIDA	<b>CONTENT</b> <input type="checkbox"/> Material <input type="checkbox"/> Dimension <input type="checkbox"/> Appearance <input checked="" type="checkbox"/> Process / Method
<b>Issued by</b>  C. Arevalo QA-IE Staff	<b>Checked by</b>  G. Magsino QA Supervisor	<b>Approved by</b>  QA Asst. Manager	<b>Received by</b> (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.**

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)****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: