

**KANEPACKAGE PHILIPPINE INC.**

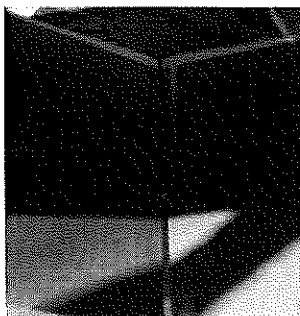
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna  
Telephone No. (049) 545-7166 to 69  
Fax No. (049) 545-5302

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

Control No.: IRF-23-07-0065

Date Issued: 28-Jul-23

Customer	EPPI	Attention To	NOEM CEPEDA
Item Code	515907800	Department	KPLIMA- PRODUCTION
Item Description	LOUVRE 2 MAX	Date of Detection	230728
Job Order Number	40712	Section Detected	EPPI

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

Lot Quantity (pcs.)

1,187

Reject Quantity (pcs.)

26

Reject Percentage

2.19%

Nature of Defect:

**DAMAGED**

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF DAMAGED

Actual:

**DAMAGED ENCOUNTERED ON THE ITEM  
(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"/> Gluing	<input type="checkbox"/> Material
<input type="checkbox"/> Recurrence	<input type="checkbox"/> Special Acceptance	<input type="checkbox"/> EQOS	<input type="checkbox"/> Vertical	<input type="checkbox"/> Dimension
No.:	<input type="checkbox"/> For Rework	<input type="checkbox"/> Diecut	<input checked="" type="checkbox"/> Other: LUCIDA	<input type="checkbox"/> Appearance
Date:	<input checked="" type="checkbox"/> Reject / Disposal	<input type="checkbox"/> Detaching		<input checked="" type="checkbox"/> Process / Method
Issued by	Checked by	Approved by	Received by (Receiving Section)	
 C. Arevalo QA-IE Staff	 G. Magasin QA Supervisor	QA Asst. Manager	 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	System		
RM							
WIP							
FG							
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		Line Leader	Department Head
<input type="checkbox"/> Still Open		QA Asst. Manager			
<input type="checkbox"/> Re-Issue IRF		Date:	Date:	Date:	Date: