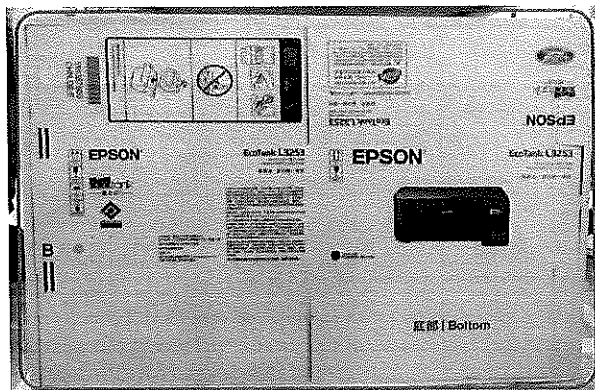# KANEPACKAGE PHILIPPINE INC.

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-23-10-0085   Date Issued: 14-Oct-23

Customer	EPPI	Attention To	N. CEPEDA/ R. ALMARIO
Item Code	5163875-00 (PANEL B)	Department	KPLIMA- PRODUCTION
Item Description	LOUVRE 2 MDX ICB FOR CHINA, DE; E	Date of Detection	231013 NS
Job Order Number	47064	Section Detected	DIECUT QA

ILLUSTRATION OF THE PROBLEM

☐ Major	■ Minor

Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
286	44	15.38%

Nature of Defect:

INVERTED CUT

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF INVERTED CUT

Actual:

INVERTED CUT WAS ENCOUNTERED ON THE ITEM
(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 QA/IE Staff	G. Magsino QA Supervisor	QA Asst. Manager	For N. Cepeda/ R. Almario Head/ Supervisor/ Manager

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:

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

	Location	Total Stock	NG	Total Good	Actions to be done to eliminate recurrence	Who / When
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		QA Supervisor	QA Asst. Manager	Line Leader	Department Head
[ ] Re-Issue IRF		Date:	Date:	Date:	Date: