

**KANEPACKAGE PHILIPPINE INC.**

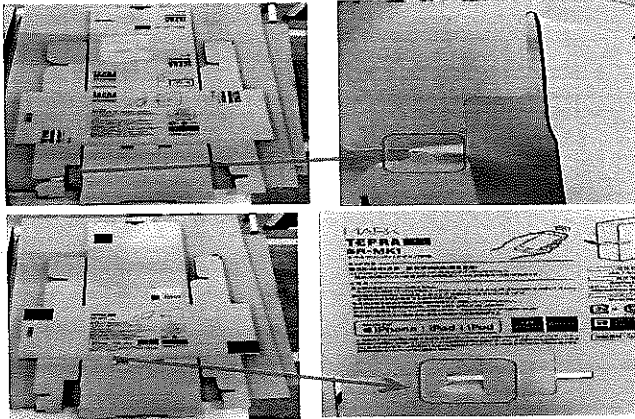
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna  
Telephone No. (049) 545-7166 to 69  
Fax No. (049) 545-6302

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

Control No.: IRF-23-10-0087

Date Issued: 17-Oct-23

Customer	EPPI	Attention To	N. CEPEDA/ R. ALMARIO
Item Code	516336400/ 516728200	Department	KPLIMA- PRODUCTION
Item Description	MUFFIN/ FRANZ CARTON BOX	Date of Detection	231016 DS
Job Order Number	047181/ 047182	Section Detected	SCREENING

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

Lot Quantity (pcs.)

691

Reject Quantity (pcs.)

70

Reject Percentage

10.13%

Nature of Defect:

TEAR OFF

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

Actual:

TEAR OFF WAS ENCOUNTERED ON THE ITEM  
(PLEASE SEE ATTACHED PICTURE)

NO. OF OCCURRENCE	DISPOSITION	AREA OF OCCURRENCE / ORIGIN		CONTENT
<input type="checkbox"/> First	<input type="checkbox"/> Hold	<input type="checkbox"/> Slotter	<input type="checkbox"/> Gluing	<input type="checkbox"/> Material
<input checked="" 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 type="checkbox"/> Others:	<input type="checkbox"/> Appearance
Date:	<input checked="" type="checkbox"/> Reject / Disposal	<input checked="" type="checkbox"/> Detaching		<input checked="" type="checkbox"/> Process / Method
Issued by	Checked by	Approved by	Received by (Receiving Section)	
 J. Tapay QA-IE Staff	 G. Magsino QA Supervisor	QA Asst. Manager	 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:

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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**

	Location	Total Stock	NG	Total Good
RM				
WIP				
FG				

**Actions to be done to eliminate recurrence****Who / When**

System

Design /  
Tools

Process

**B. Orientation**

Date		Time	
Title			
Attendees			

**C. Reworking**

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		QA Supervisor	QA Asst. Manager	Line Leader	Department Head
<input type="checkbox"/> Still Open		Date:	Date:	Date:	Date:
<input type="checkbox"/> Re-Issue IRF					