

**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

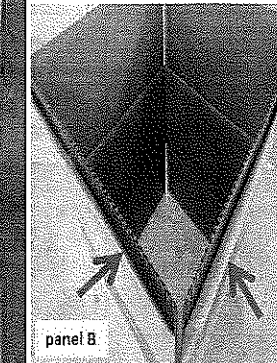
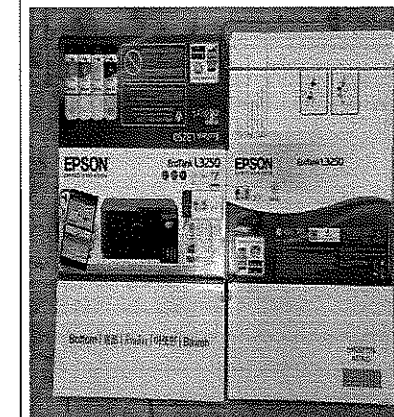
INVESTIGATION REPORT FORM (IRF)

☒ Inhouse Detection ☐ Customer Claim

Control No.: IRF-23-10-0093

Date Issued: 26-Oct-23

Customer	EPPI	Attention To	N. CEPEDA/ R. ALMARIO
Item Code	5162977-00	Department	KPLIMA- PRODUCTION
Item Description	LOUVRE 2 MDX ASIA	Date of Detection	231025 NS
Job Order Number	048070	Section Detected	INLINE QA

ILLUSTRATION OF THE PROBLEM

<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor	
Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
788	102	12.94%

Nature of Defect:
DELAMINATION


ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF DELAMINATION

Actual:
DELAMINATION WAS 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"/> Recurrence No.: Date:	<input type="checkbox"/> Hold <input type="checkbox"/> Special Acceptance <input type="checkbox"/> For Rework <input checked="" type="checkbox"/> Reject / Disposal	<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 LAMINATION	<input type="checkbox"/> Material <input type="checkbox"/> Dimension <input type="checkbox"/> Appearance <input checked="" type="checkbox"/> Process / Method
Issued by J. Tapay QA-IE Staff	Checked by G. Magano QA-Supervisor	Approved by QA Asst. Manager	Received by (Receiving Section) N. Reyes 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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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						
<i>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.</i>									
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									