



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)

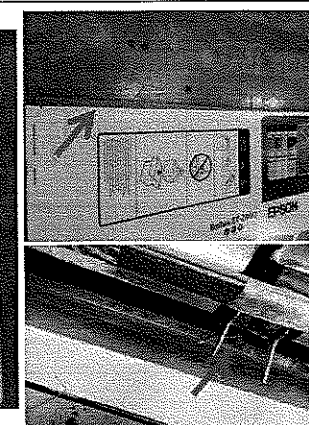
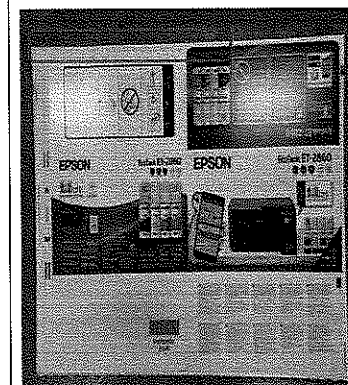
☒ Inhouse Detection ☐ Customer Claim

Control No.: IRF-23-10-0094

Date issued: 28-Oct-23

Customer	EPPI	Attention To	N. CEPEDA/ R. ALMARIO
Item Code	5167869-00	Department	KPLIMA- PRODUCTION
Item Description	LOUVRE 2 MJX EUROPE;R	Date of Detection	231027 NS
Job Order Number	048353	Section Detected	IN-PROCESS QA

ILLUSTRATION OF THE PROBLEM



<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor	
Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
2,000	131	6.55%

Nature of Defect:
MISALIGNED GLUING


ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF MISALIGNED GLUING

Actual:
MISALIGNED GLUING 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"/> Hold	<input type="checkbox"/> Slotter	<input type="checkbox"/> Material
<input type="checkbox"/> Recurrence	<input type="checkbox"/> Special Acceptance	<input type="checkbox"/> EQOS	<input type="checkbox"/> Dimension
No.:	<input type="checkbox"/> For Rework	<input type="checkbox"/> Diecut	<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)
J. Mapay QA-IE Staff	G. Magino 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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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									
<input type="checkbox"/> Still Open			QA Supervisor	QA Asst. Manager	Line Leader	Department Head			
<input type="checkbox"/> Re-Issue IRF			Date:	Date:	Date:	Date:			