KAN	IEPACKAGE	INVESTIGATION REPORT FORM (IRF						
Telephon	g Road LISP II, Brgy. La M e No. (049) 545-7166 to 69	Inhouse Detection	1	Custo	mer Claim			
Fax No. (	049) 545-6302		Control No.: IRF-23-10-0095 Date Issued: 04-Nov-23					
Customer	EPPI		Attention To N. CEPEDA/ R. ALMARIO					
em Code	5164460-02		Department KPLIMA- PRODUCTION					
em Description				Date of Detection 231103 NS				
bb Order Number 048470			Section Detected LUCIDA					
	ILLUSTRATION OF TI	HE PROBLEM	Major		Minor			
<b>分</b>		T. nayna	Lot Quantity (pcs.) 560  Nature of Defect:	BUR:	sting	Reject Percentag 49.29%		
1			Actual:	GOOD CONDITI	ON; NO OCCUI	RRENCE OF BURSTIN		
110		BURSTING WAS ENCOUNTERED ON THE ITEM (PLEASE SEE ATTACHED PICTURE)						
NO. OF OCCURRENCE		DISPOSITION	AREA OF OCC	AREA OF OCCURRENCE / ORIGIN CONTENT				
		Hold	Slotter	Gluing Material				
Recurrence		Special Acceptance	EQOS	Verti	cal	Dimension		
No.:		For Rework	Diecut	Othe	ers:	Appearance		
Date:		Reject / Disposal	Detaching			Process / Met		
Issued I	by	Checked by	Approved t	ру		Received by (Receiving Section)		
J. Japay G. Magsino QA-IE Staff QA Supervisor					NO	N Cepedal R. Almario add/ Supervisor/ Manager		
DIRECT CAUSE	: (Analyze the reason o	f occurrence, why it happened?)		E: (Analyze the re	eason of occurre	ence, why it leaked?)		
Why 1:  Why 2:  Why 3:  Why 4:  Why 5:			Why 1: Why 2: Why 3: Why 4: Why 5:					
Why 1:	Why 1:							
Why 2: Why 3: Why 4:		Why 3: Why 4:						
Why 5:			Why 5:					
Why 1:			Why 1:					
Why 2: Why 3: Why 4:			Why 2:					
Why 3:			Why 3:					
Why 4:			Why 4:					
Why 5:			Why 5:					

No. Tele	ANEPACKA 5 Ring Road LISP II, Brg ephone No. (049) 545-716 No. (049) 545-6302	y. La Mesa, Calamba C		INVESTIGATION REPORT FORM (IRF)					
				FINAL CO	NCLUSION				
	OCCURREN	ICE ROOTCAUSE				OUTFLOW ROOTCAUSE			
IMMEDIATE A	ACTION: (Action to be do	ne to contain/ temporary	correct the pri	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 / Whe					
	Location	Total Stock	NG	Total Good					
RM		,							
WIP					System				
FG									
3. Orientation									
Date		Time			Design /				
Title					Tools				
Attendees									
C. Reworking									
Rework Quantity									
Total Good					Process				
Rework Percentag	e (Good)								
II. QA ROOT	CAUSE VERIFICATION	ON (To be filled ou	it by QA In-	-charge)	Date Conducted:_	PIC:			
	Identifie	ed Rootcause	ACK PERMITTER	ASSOCIATION WATER A STOLE	Recommendation				
	503	III CORREC	TIVE ACTIO	ON VERIFICAT	ION /To be filled o	ut by OA In-charge)			
,	Ch	ecked by	Date	TION (To be filled out by QA In-charge)  mented? Remarks					
1st Verification of		,		[ ]Yes	[ ]No				
2nd Verification o	f Action			[ ]Yes	[ ] No				
3rd Verification of	Action			[ ]Yes	[ ]No		7		
Effectiveness of				[ ]Yes	[ ] No				

IV. CLOSURE

Approved by:

QA Asst. Manager

QA Supervisor

Status:

Closed
Still Open

Remarks:

Department Head

Process Owner Acknowledgment: (Receiving Section)

Line Leader