

**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-23-11-0106

Date Issued: 11-Nov-23

Customer	EPPI	Attention To	N. CEPEDA/ R. ALMARIO
Item Code	5161062-00	Department	KPLIMA- PRODUCTION
Item Description	ROSA SAX BRAZIL; R	Date of Detection	231110 DS
Job Order Number	049157	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
444	39	8.78%

Nature of Defect:

BURSTING

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF BURSTING

Actual:

BURSTING WAS ENCOUNTERED ON THE ITEM
(PLEASE SEE ATTACHED PICTURE)

NO. OF OCCURRENCE		DISPOSITION		Slotter		CONTENT
<input checked="" type="checkbox"/> First		<input type="checkbox"/> Hold		<input type="checkbox"/> Slotter	<input type="checkbox"/> Gluing	<input type="checkbox"/> Material
<input 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 checked="" type="checkbox"/> Diecut	<input type="checkbox"/> Others:	<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. Tapay QA-IE Staff		G. Magasin 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 1:		
	Why 2:				
	Why 3:				
	Why 4:				
	Why 5:				
Design / Toolings	Why 1:		Why 1:		
	Why 2:				
	Why 3:				
	Why 4:				
	Why 5:				
Process / Material	Why 1:		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**

Actions to be done to eliminate recurrence

Who / When

	Location	Total Stock	NG	Total Good
RM				
WIP				
FG				

System

B. Orientation

Date		Time	
Title			
Attendees			

Design / Tools

C. Reworking

Rework Quantity	
Total Good	
Rework Percentage (Good)	

Process

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					
<input type="checkbox"/> Re-Issue IRF		Date:	Date:	Date:	Date: