

**KANEPACKAGE PHILIPPINE INC.**

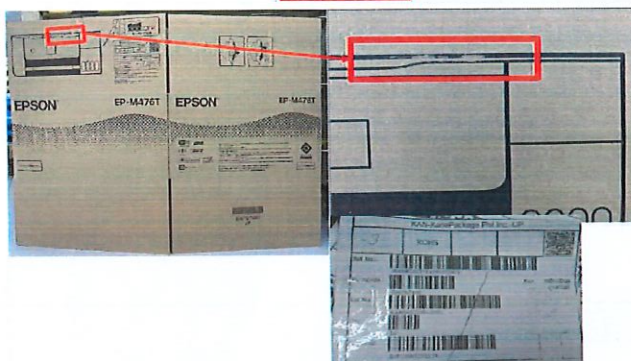
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna  
Telephone No. (049) 545-7166 to 69  
Fax No. (049) 545-6302

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

Control No.: IRF-23-11-113

Date Issued: 23-Nov-23

Customer	EPPI	Attention To	N. CEPEDA/ R. ALMARIO
Item Code	5167674-00	Department	KPLIMA- PRODUCTION
Item Description	LOUVRE2 MJX	Date of Detection	231122 NS
Job Order Number	050023	Section Detected	EPPI IQA

**ILLUSTRATION OF THE PROBLEM****DEFECT DESCRIPTION : INCOMPLETE PRINT****NO GOOD**☐ Major☒ Minor

Lot Quantity (pcs.)

Reject Quantity (pcs.)

Reject Percentage

110

4

3.64%

Nature of Defect:

**INCOMPLETE PRINT**

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF INCOMPLETE PRINT

Actual:

INCOMPLETE PRINT 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"/> Material
<input type="checkbox"/> Recurrence	<input type="checkbox"/> Special Acceptance	<input checked="" 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. Yapay QA-IE Staff	G. Magano 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 2:
	Why 3:	Why 3:
	Why 4:	Why 4:
	Why 5:	Why 5:
Design / Toolings	Why 1:	Why 1:
	Why 2:	Why 2:
	Why 3:	Why 3:
	Why 4:	Why 4:
	Why 5:	Why 5:
Process / Material	Why 1:	Why 1:
	Why 2:	Why 2:
	Why 3:	Why 3:
	Why 4:	Why 4:
	Why 5:	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				

System

Who / When

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