

**KANEPACKAGE PHILIPPINE INC.**

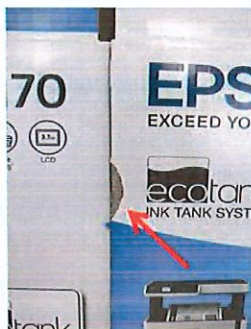
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna  
Telephone No. (049) 545-7166 to 69  
Fax No. (049) 545-6302

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

Control No.: IRF-23-11-115

Date Issued: 24-Nov-23

|                  |                |                   |                       |
|------------------|----------------|-------------------|-----------------------|
| Customer         | EPPI           | Attention To      | N. CEPEDA/ R. ALMARIO |
| Item Code        | 5152975-00     | Department        | KPLIMA- PRODUCTION    |
| Item Description | LIONEL MGY EUR | Date of Detection | 231123 NS             |
| Job Order Number | 050360         | Section Detected  | QA INLINE             |

**ILLUSTRATION OF THE PROBLEM**

|                                |   |                   |
|--------------------------------|---|-------------------|
| <input type="checkbox"/> Major | <input checked="" type="checkbox"/> Minor |                   |
| Lot Quantity (pcs.)            | Reject Quantity (pcs.)                    | Reject Percentage |
| 298                            | 19  | 6.38%             |

Nature of Defect:

**PEEL OFF**

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF PEEL OFF

Actual:

PEEL OFF 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 type="checkbox"/> EQOS              | <input type="checkbox"/> Dimension                   |
| No.:                                      | <input type="checkbox"/> For Rework                   | <input checked="" 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<br>(Receiving Section)                   |
| J. Tapay<br>QA-IE Staff                   | G. Magsino<br>QA Supervisor                           | QA Asst. Manager                           | N. Cepeda R. Almario<br>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:<br>Why 2:<br>Why 3:<br>Why 4:<br>Why 5:                     | Why 1:<br>Why 2:<br>Why 3:<br>Why 4:<br>Why 5:                     |
| Design / Toolings  | Why 1:<br>Why 2:<br>Why 3:<br>Why 4:<br>Why 5:                     | Why 1:<br>Why 2:<br>Why 3:<br>Why 4:<br>Why 5:                     |
| Process / Material | Why 1:<br>Why 2:<br>Why 3:<br>Why 4:<br>Why 5:                     | Why 1:<br>Why 2:<br>Why 3:<br>Why 4:<br>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 | System |  |  |
|-----|----------|-------------|----|------------|--------|--|--|
| RM  |          |             |    |            |        |  |  |
| WIP |          |             |    |            |        |  |  |
| FG  |          |             |    |            |        |  |  |

**B. Orientation**

Design / Tools

|           |  |      |  |                |  |  |  |  |  |
|-----------|--|------|--|----------------|--|--|--|--|--|
| Date      |  | Time |  | Design / Tools |  |  |  |  |  |
| Title     |  |      |  |                |  |  |  |  |  |
| Attendees |  |      |  |                |  |  |  |  |  |

**C. Reworking**

Process

|                          |  |         |  |  |
|--------------------------|--|---------|--|--|
| Rework Quantity          |  | Process |  |  |
| 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:           |