

**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-24-01-0001

Date Issued: 10-Jan-24

Customer	EPPI	Attention To	N. CEPEDA/ R. ALMARIO
Item Code	5151436-00	Department	KPLIMA- PRODUCTION
Item Description	CARTON BOX STD;B	Date of Detection	240108 NS
Job Order Number	053256	Section Detected	INLINE QA/M3

ILLUSTRATION OF THE PROBLEM☐ Major☒ Minor

Lot Quantity (pcs.)

Reject Quantity (pcs.)

Reject Percentage

299

15

5.02%

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"/> 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 type="checkbox"/> Diecut	<input type="checkbox"/> Others:	<input type="checkbox"/> Appearance
Date:		<input checked="" type="checkbox"/> Reject / Disposal		<input checked="" 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. Massino 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****Actions to be done to eliminate recurrence****Who / When**

	Location	Total Stock	NG	Total Good	System		
RM							
WIP							
FG							

B. Orientation

Date		Time		Design / Tools					
Title									
Attendees									

C. Reworking

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: