

**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-24-01-0002

Date Issued: 10-Jan-24

Customer	EPPI	Attention To	N. CEPEDA/ R. ALMARIO
Item Code	5159584-00	Department	KPLIMA- PRODUCTION
Item Description	CHARON CARTON BOX	Date of Detection	240109 NS
Job Order Number	049749	Section Detected	EPPI IQA

ILLUSTRATION OF THE PROBLEM

<input checked="" type="checkbox"/> Major	<input type="checkbox"/> Minor	
Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
400	400	100.00%

Nature of Defect:

INCOMPLETE PROCESS (GLUING)

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

Actual:

INCOMPLETE ITEM
(PLEASE SEE ATTACHED PICTURE)

NO. OF OCCURRENCE	DISPOSITION	AREA OF OCCURRENCE / ORIGIN	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 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. Tapay QA-IE Staff	G. Magsino QA Supervisor	QA Asst. Manager	for knocin 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 2: Why 3: Why 4: Why 5:	Why 1: Why 2: Why 3: Why 4: Why 5:
Design / Toolings	Why 1: Why 2: Why 3: Why 4: Why 5:	Why 1: Why 2: Why 3: Why 4: Why 5:
Process / Material	Why 1: Why 2: Why 3: Why 4: Why 5:	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					System		
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		QA Supervisor	QA Asst. Manager	Line Leader	Department Head
<input type="checkbox"/> Still Open					
<input type="checkbox"/> Re-Issue IRF		Date:	Date:	Date:	Date: