

**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-24-01-0007

Date Issued: 19-Jan-24

Customer	EPPI	Attention To	N. CEPEDA/ R. ALMARIO
Item Code	5162978-00	Department	KPLIMA- PRODUCTION
Item Description	LOUVRE 2 MDX ASIA	Date of Detection	240119 DS
Job Order Number	053688	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
884	1	0.11%

Nature of Defect:

**MIXED PANEL**

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF MIXED PANEL


Actual:

MIXED PANEL WAS ENCOUNTERED ON THE ITEM  
(PLEASE SEE ATTACHED PICTURE)

NO. OF OCCURRENCE	DISPOSITION	AREA OF OCCURRENCE / ORIGIN	CONTENT
<input checked="" type="checkbox"/> First <input type="checkbox"/> Recurrence No.: Date:	<input type="checkbox"/> Hold <input type="checkbox"/> Special Acceptance <input type="checkbox"/> For Rework <input checked="" type="checkbox"/> Reject / Disposal	<input type="checkbox"/> Slotter <input type="checkbox"/> EQOS <input type="checkbox"/> Diecut <input type="checkbox"/> Detaching <input checked="" type="checkbox"/> Gluing <input type="checkbox"/> Vertical <input type="checkbox"/> Others:	<input type="checkbox"/> Material <input type="checkbox"/> Dimension <input type="checkbox"/> Appearance <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	For 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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<b>FINAL CONCLUSION</b>									
<b>OCCURRENCE ROOTCAUSE</b>					<b>OUTFLOW ROOTCAUSE</b>				
<b>IMMEDIATE ACTION:</b> (Action to be done to contain/ temporary correct the problem found)					<b>CORRECTIVE ACTION:</b> (Actions to be done to ensure that the problem will not happen again)				
<b>A. Sorting Result</b>					<b>Actions to be done to eliminate recurrence</b>				<b>Who / When</b>
	Location	Total Stock	NG	Total Good	System				
RM									
WIP									
FG									
<b>B. Orientation</b>					Design / Tools				
Date		Time							
Title									
Attendees									
<b>C. Reworking</b>					Process				
Rework Quantity									
Total Good									
Rework Percentage (Good)									
<b>II. QA ROOTCAUSE VERIFICATION (To be filled out by QA In-charge)</b>					Date Conducted: _____ PIC: _____				
Identified Rootcause					Recommendation				
<b>III. CORRECTIVE ACTION VERIFICATION (To be filled out by QA In-charge)</b>									
	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						
<i>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.</i>									
<b>IV. CLOSURE</b>									
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									