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-24-02-0009   Date Issued: 08-Feb-24

Customer	EPPI	Attention To	N. CEPEDA/ R. ALMARIO AND G.MAGSINO
Item Code	5153287-00	Department	KPLIMA- PRODUCTION AND QA
Item Description	OUTER CARTON BOX	Date of Detection	240208 DS
Job Order Number	056019	Section Detected	SEMI AUTO/ M1

ILLUSTRATION OF THE PROBLEM
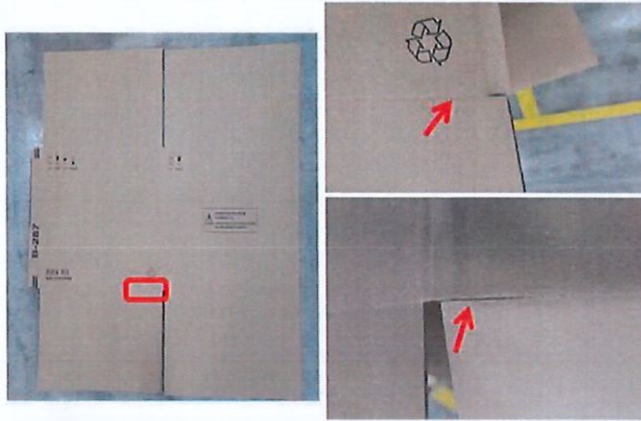
☐ Major   ☑ Minor

Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
100	100	100.00%

Nature of Defect:

BURSTING

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF BURSTING

Actual:

BURSTING WAS ENCOUNTERED ON THE ITEM
(PLEASE SEE ATTACHED PICTURE)

NO. OF OCCURRENCE	DISPOSITION	AREA OF OCCURRENCE / ORIGIN		CONTENT
☑ First	☐ Hold	☐ Slotter	☐ Gluing	☐ Material
☐ Recurrence	☐ Special Acceptance	☐ EQOS	☐ Vertical	☐ Dimension
No.:	☐ For Rework	☑ Diecut	☐ Others:	☐ Appearance
Date:	☑ Reject / Disposal	☐ Detaching		☑ Process / Method

Issued by	Checked by	Approved by	Received by (Receiving Section)
Y.	*f.*		
J.Tapay	G. Magsino		N. Cepeda/ R. Almario & G. Magsino
QA-IE Staff	QA Supervisor	QA Asst. Manager	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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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		Actions to be done to eliminate recurrence	Who / When
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)	
[ ] Closed					
[ ] Still Open		QA Supervisor	QA Asst. Manager	Line Leader	Department Head
[ ] Re-Issue IRF		Date:	Date:	Date:	Date:

LQA-006-F01 REV.00