



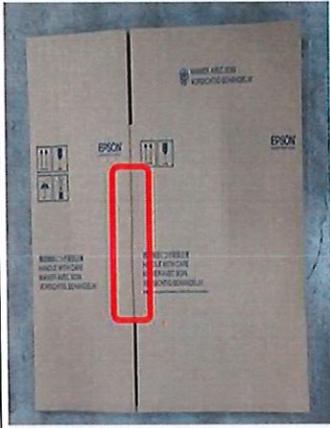
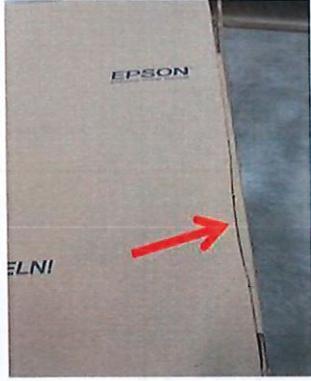
KANEPACKAGE PHILIPPINE INC.

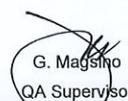
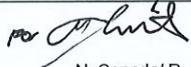
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna
Telephone No. (049) 545-7166 to 69
Fax No. (049) 545-6302

INVESTIGATION REPORT FORM (IRF)

Inhouse Detection Customer Claim
Control No.: IRF-24-03-0018 Date Issued: 19-Mar-24

Customer	EPPI	Attention To	N. CEPEDA/ R. ALMARIO
Item Code	5157542-00	Department	KPLIMA- PRODUCTION
Item Description	INDIVIDUAL BOX	Date of Detection	2403018 DS
Job Order Number	09684	Section Detected	SCREENING

ILLUSTRATION OF THE PROBLEM			<input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor	
		Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
		380	184	48.42%
Nature of Defect:				
WAVE CUT				
ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF WAVE CUT				
Actual:				
WAVE CUT 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"/> 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 checked="" type="checkbox"/> Diecut	<input type="checkbox"/> Others:	<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. Magalino 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 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	System		Who / When
RM							
WIP							
FG							

B. Orientation

Design / Tools

Date	Time	Design / Tools		Who / When
Title				
Attendees				

C. Reworking

Process

Rework Quantity	Total Good	Rework Percentage (Good)	Process		Who / When

II. QA ROOTCAUSE VERIFICATION (To be filled out by QA In-charge)

Date Conducted: _____ PIC: _____

Identified Rootcause

Recommendation

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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 <input type="checkbox"/> Re-Issue IRF		QA Supervisor	QA Asst. Manager	Line Leader	Department Head
		Date:	Date:	Date:	Date: