

**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-24-03-0019

Date Issued: 22-Mar-24

Customer	EPPI	Attention To	N. CEPEDA/ R. ALMARIO
Item Code	5165902-00	Department	KPLIMA- PRODUCTION
Item Description	LOUVRE 2 MCX ICB FOR ETD;D	Date of Detection	240321 NS
Job Order Number	10598	Section Detected	INLINE QA M3

ILLUSTRATION OF THE PROBLEM

<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor	
Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
957	86	8.99%

Nature of Defect:

DELAMINATION FG-35 PCS
PANEL B - 51 PCS

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF DELAMINATION

Actual:

DELAMINATION 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 type="checkbox"/> Gluing <input type="checkbox"/> Vertical <input checked="" type="checkbox"/> Other LAMINATION	<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	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**

	Location	Total Stock	NG	Total Good
RM				
WIP				
FG				

Actions to be done to eliminate recurrence**Who / When****B. Orientation**

Date		Time	
Title			
Attendees			

Design / Tools**C. Reworking**

Rework Quantity	
Total Good	
Rework Percentage (Good)	

Process**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		Date:	Date:	Date:	Date:
<input type="checkbox"/> Re-Issue IRF					