

**KANEPACKAGE PHILIPPINE INC.**

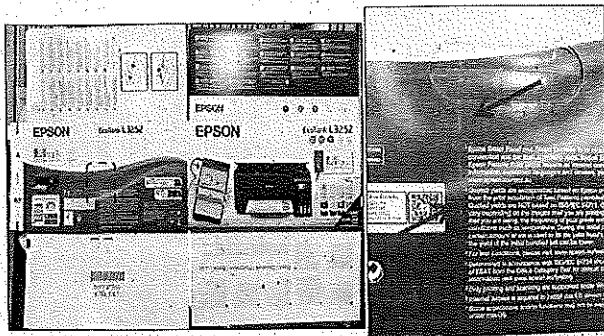
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna
Telephone No. (049) 545-7166 to 69
Fax No. (049) 545-6302

INVESTIGATION REPORT FORM (IRF)☒ Inhouse Detection☐ Customer Claim

Control No.: IRF-24-04-0022

Date Issued: 05-Apr-24

Customer	EPPI	Attention To	N. CEPEDA/ R. ALMARIO
Item Code	5167377-00 (PANEL A)	Department	KPLIMA- PRODUCTION
Item Description	LOUVRE 2MCX ICB FOR ETD_DE1	Date of Detection	240404 NS
Job Order Number	13928	Section Detected	DIECUT QA

ILLUSTRATION OF THE PROBLEM☐ Major☒ Minor

Lot Quantity (pcs.)

297

Reject Quantity (pcs.)

107

Reject Percentage

36.03%

Nature of Defect:

SCRATCHES

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF SCRATCHES

Actual:

SCRATCHES 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	☒ Other LAMINATION	☐ Appearance
Date:	☒ Reject / Disposal	☐ Detaching		☒ Process / Method
Issued by	Checked by	Approved by	Received by (Receiving Section)	
 C. Abuan QA-IE Staff	 G. Magallano 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					Actions to be done to eliminate recurrence		Who / When
	Location	Total Stock	NG	Total Good	System		
RM							
WIP							
FG							
B. Orientation					Design / Tools		
Date		Time					
Title							
Attendees							
C. Reworking					Process		
Rework Quantity							
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				
<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>							
IV. CLOSURE							
Status:	Remarks:	Approved by:			Process Owner Acknowledgment: (Receiving Section)		
☐ Closed		QA Supervisor		QA Asst. Manager	Line Leader		Department Head
☐ Still Open		Date:		Date:	Date:	Date:	
☐ Re-Issue IRF							