0/292 - 058027 - 06/01
4/19- no run

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

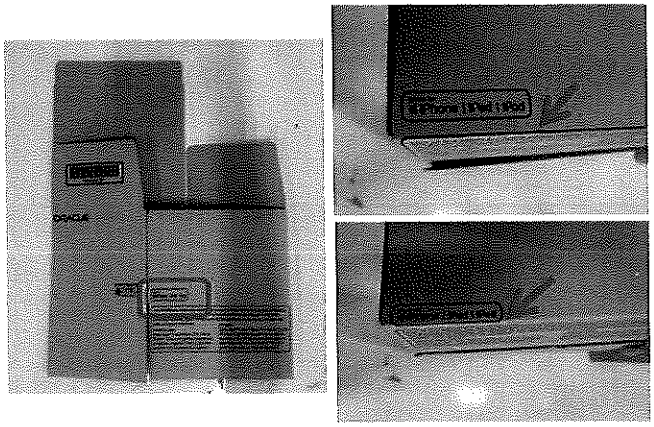
INVESTIGATION REPORT FORM (IRF)

■ Inhouse Detection ☐ Customer Claim

Control No.: IRF-24-02-0012 Date Issued: 12-Feb-24

Customer	EPPI	Attention To	N. CEPEDA/ R. ALMARIO
Item Code	5168291-00	Department	KPLIMA- PRODUCTION
Item Description	INDIVIDUAL CARTON BOX	Date of Detection	240209 DS
Job Order Number	056167	Section Detected	SCREENING QA

ILLUSTRATION OF THE PROBLEM



☐ Major ■ Minor

Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
283	80	28.27%

Nature of Defect:

MISALIGN DIECUT

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF MISALIGN DIECUT

Actual:

MISALIGN DIECUT 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)
J. Tapay QA-IE Staff	G. Magsino QA Supervisor	QA Asst. Manager	per 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: N/A Why 4: Why 5:	Why 1: Why 2: Why 3: N/A Why 4: Why 5:
Design / Toolings	Why 1: Why 2: Why 3: N/A Why 4: Why 5:	Why 1: Why 2: Why 3: N/A Why 4: Why 5:
Process / Material	Why 1: Why 2: Why 3: see Attached Why 4: Why 5:	Why 1: Why 2: Why 3: see Attached 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
RM				
WIP	N/A			
FG				

B. Orientation

Date		Time	
Title	N/A		
Attendees			

C. Reworking

Rework Quantity	
Total Good	N/A
Rework Percentage (Good)	

	Actions to be done to eliminate recurrence	Who / When
System	N/A	
Design / Tools		
Process		

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

Date Conducted:_____ PIC:_____

Identified Rootcause	Recommendation
Misalign incurt occured due only having 3mm clearance on the folding line on the printing layout.	Change drawing layout of the item in order to attest have

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		QA Supervisor	QA Asst. Manager	Line Leader	Department Head
☐ Still Open		Date:	Date:	Date:	Date:
☐ Re-Issue IRF					