**KANEPACKAGE PHILIPPINE INC.**

No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna
Telephone No. (049) 545-7165 to 69
Fax No. (049) 545-6302

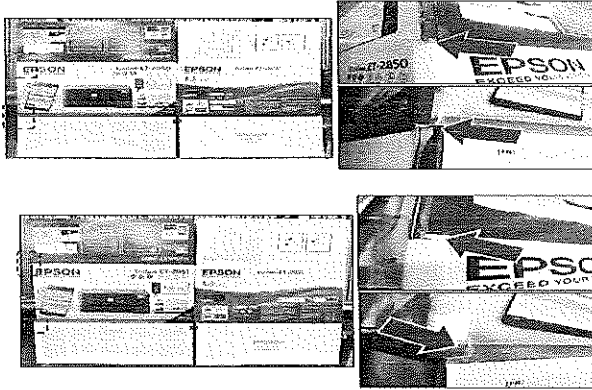
INVESTIGATION REPORT FORM (IRF)

☒ Inhouse Detection ☐ Customer Claim

Control No.: IRF-24-04-0023

Date Issued: 18-Apr-24

Customer	EPPI	Attention To	N. CEPEDA/ R. ALMARIO
Item Code	5165877-00 / 5165879-00	Department	KPLIMA- PRODUCTION
Item Description	LIONEL 2 MBL	Date of Detection	240417 NS
Job Order Number	18988 / 18990	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
2,688	175	6.51%

Nature of Defect:

TEAR OFF

5165877-00 = 6.47% (103/1592)
5165879-00 = 6.58% (72/1095)


ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF TEAR OFF

Actual:TEAR OFF 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"/> Material
<input type="checkbox"/> Recurrence	<input type="checkbox"/> Special Acceptance	<input type="checkbox"/> EQOS	<input type="checkbox"/> Dimension
No.:	<input type="checkbox"/> For Rework	<input checked="" type="checkbox"/> Diecut	<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)
C. Abuan QA IE Staff	G. Magsino 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:

 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	<h2 style="margin: 0;">INVESTIGATION REPORT FORM (IRF)</h2>																									
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																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;"></th> <th style="width: 20%;">Location</th> <th style="width: 15%;">Total Stock</th> <th style="width: 15%;">NG</th> <th style="width: 15%;">Total Good</th> </tr> <tr> <td>RM</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>WIP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>FG</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		Location	Total Stock	NG	Total Good	RM					WIP					FG					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;"></th> <th style="width: 70%;">Who / When</th> </tr> <tr> <td>System</td> <td></td> </tr> </table>		Who / When	System		
	Location	Total Stock	NG	Total Good																						
RM																										
WIP																										
FG																										
	Who / When																									
System																										
B. Orientation																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">Date</th> <th style="width: 20%;">Time</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td colspan="2">Title</td> </tr> <tr> <td colspan="2">Attendees</td> </tr> </table>	Date	Time			Title		Attendees		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;"></th> <th style="width: 70%;">Who / When</th> </tr> <tr> <td>Design / Tools</td> <td></td> </tr> </table>		Who / When	Design / Tools														
Date	Time																									
Title																										
Attendees																										
	Who / When																									
Design / Tools																										
C. Reworking																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Rework Quantity</th> <th style="width: 75%;"></th> </tr> <tr> <td>Total Good</td> <td></td> </tr> <tr> <td>Rework Percentage (Good)</td> <td></td> </tr> </table>	Rework Quantity		Total Good		Rework Percentage (Good)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;"></th> <th style="width: 70%;">Who / When</th> </tr> <tr> <td>Process</td> <td></td> </tr> </table>		Who / When	Process																
Rework Quantity																										
Total Good																										
Rework Percentage (Good)																										
	Who / When																									
Process																										
II. QA ROOTCAUSE VERIFICATION (To be filled out by QA In-charge)																										
Identified Rootcause	Recommendation																									
III. CORRECTIVE ACTION VERIFICATION (To be filled out by QA In-charge)																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;"></th> <th style="width: 15%;">Checked by</th> <th style="width: 10%;">Date</th> <th style="width: 20%;">Implemented?</th> <th style="width: 35%;">Remarks</th> </tr> <tr> <td>1st Verification of Action</td> <td></td> <td></td> <td>[] Yes [] No</td> <td></td> </tr> <tr> <td>2nd Verification of Action</td> <td></td> <td></td> <td>[] Yes [] No</td> <td></td> </tr> <tr> <td>3rd Verification of Action</td> <td></td> <td></td> <td>[] Yes [] No</td> <td></td> </tr> <tr> <td>Effectiveness of Action</td> <td></td> <td></td> <td>[] Yes [] No</td> <td></td> </tr> </table>		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		
	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																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Status:</th> <th style="width: 25%;">Remarks:</th> <th style="width: 25%;">Approved by:</th> <th style="width: 35%;">Process Owner Acknowledgment: (Receiving Section)</th> </tr> <tr> <td><input type="checkbox"/> Closed</td> <td rowspan="3"></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Still Open</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Re-Issue IRF</td> <td></td> <td></td> </tr> </table>	Status:	Remarks:	Approved by:	Process Owner Acknowledgment: (Receiving Section)	<input type="checkbox"/> Closed				<input type="checkbox"/> Still Open			<input type="checkbox"/> Re-Issue IRF														
Status:	Remarks:	Approved by:	Process Owner Acknowledgment: (Receiving Section)																							
<input type="checkbox"/> Closed																										
<input type="checkbox"/> Still Open																										
<input type="checkbox"/> Re-Issue IRF																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">QA Supervisor</th> <th style="width: 25%;">QA Asst. Manager</th> <th style="width: 25%;">Line Leader</th> <th style="width: 25%;">Department Head</th> </tr> <tr> <td>Date:</td> <td>Date:</td> <td>Date:</td> <td>Date:</td> </tr> </table>	QA Supervisor	QA Asst. Manager	Line Leader	Department Head	Date:	Date:	Date:	Date:																		
QA Supervisor	QA Asst. Manager	Line Leader	Department Head																							
Date:	Date:	Date:	Date:																							