

**KANEPACKAGE PHILIPPINE INC.**

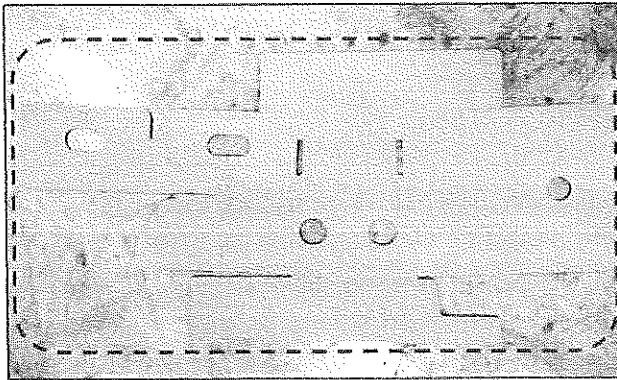
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna  
Telephone No. (049) 545-7165 to 69  
Fax No. (049) 545-6302

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

Control No.: IRF-24-04-0025

Date Issued: 24-Apr-24

Customer	EPPI	Attention To	N. CEPEDA/ R. ALMARIO
Item Code	5138660-00	Department	KPLIMA- PRODUCTION
Item Description	SPACER CB69010	Date of Detection	24-Apr-24
Job Order Number	20571	Section Detected	SCREENING QA

**ILLUSTRATION OF THE PROBLEM**☒ Major☐ Minor

Lot Quantity (pcs.)

100

Reject Quantity (pcs.)

100

Reject Percentage

100.00%

Nature of Defect:

WRONG GRAIN DIRECTION ON ACTUAL ITEM

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF WRONG GRAIN

Actual:

WRONG GRAIN 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)	
C. Abuan QA-IE Staff		G. Mangino 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					
<input type="checkbox"/> Still Open		QA Supervisor	QA Asst. Manager	Line Leader	Department Head
<input type="checkbox"/> Re-Issue IRF		Date:	Date:	Date:	Date: