

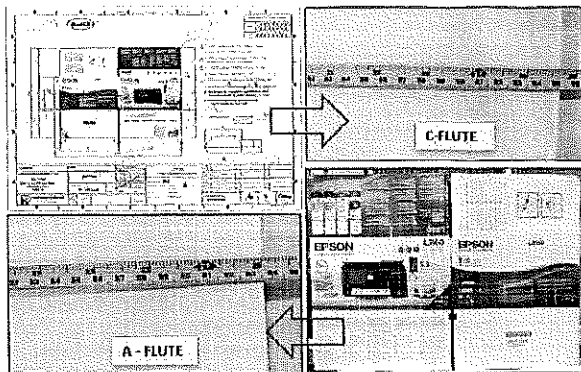
**KANEPACKAGE PHILIPPINE INC.**

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 ClaimControl No.: IRF-24-05-0029 *184*

Date Issued: 10-May-24

Customer	EPPI	Attention To	N. CEPEDA/ R. ALMARIO
Item Code	5157778-00	Department	KPLIMA- PRODUCTION
Item Description	LOUVRE MJX ICB FOR ETD; C	Date of Detection	10-May-24
Job Order Number	25804	Section Detected	INLINE QA M3/NS

ILLUSTRATION OF THE PROBLEM☐ Major☒ Minor

Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
98	98	100.00%

Nature of Defect:

WRONG MATERIAL USE

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF WRONG MATERIAL USE

Actual:WRONG MATERIAL USE 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 checked="" type="checkbox"/> Diecut <input type="checkbox"/> Detaching <input checked="" 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)
<i>C. Abuan</i> QA-IE Staff	<i>G. Magaling</i> QA Supervisor	QA Asst. Manager	<i>N. Cepeda/ R. Almario</i> Head/ Supervisor/ Manager

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:

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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)		
<input type="checkbox"/> Closed			QA Supervisor		QA Asst. Manager		Line Leader
<input type="checkbox"/> Still Open			QA Supervisor		QA Asst. Manager		Line Leader
<input type="checkbox"/> Re-Issue IRF			QA Supervisor		QA Asst. Manager		Line Leader
		Date:	Date:	Date:	Date:		