



# KANEPACKAGE PHILIPPINE INC.

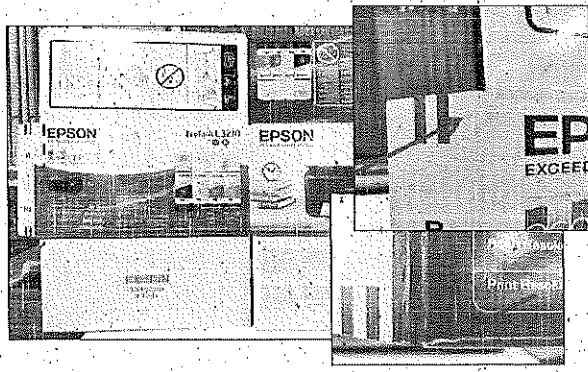
No. 5 Ring Road LISP II, Brgy. La Mesa, Calamba City, Laguna  
Telephone No. (049) 545-7166 to 69  
Fax No. (049) 545-6302

# INVESTIGATION REPORT FORM (IRF)

Inhouse Detection       Customer Claim  
Control No.: IRF-24-05-0029      Date Issued: 13-May-24

Customer	EPPI	Attention To	N. CEPEDA/R. ALMARIO
Item Code	5165902-00	Department	KPLIMA- PRODUCTION
Item Description	LOUYRE 2 MCX ICB FOR.ETD; D	Date of Detection	11-May-24
Job Order Number	26665	Section Detected	INLINE QA/M3-DS

### ILLUSTRATION OF THE PROBLEM



<input type="checkbox"/> Major	<input checked="" type="checkbox"/> Minor	
Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
1,190	1,190	100.00%

Nature of Defect:  
**TEAR OFF**

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
		<input type="checkbox"/> Gluing	
		<input type="checkbox"/> Vertical	
		<input type="checkbox"/> Others:	

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

### 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	

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