

**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

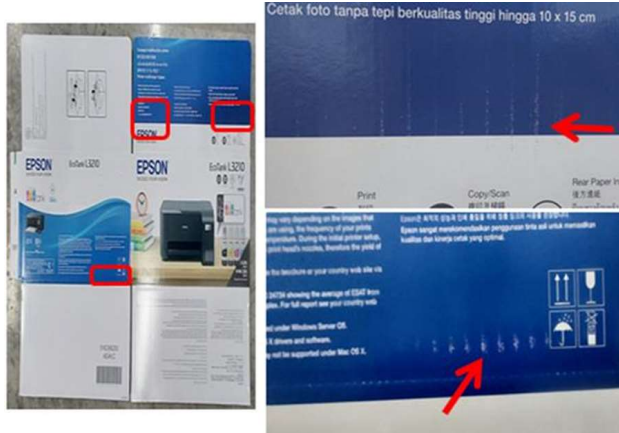
INVESTIGATION REPORT FORM (IRF)

☒ Inhouse Detection ☐ Customer Claim
Control No.: IRF-24-07-0049 Date Issued: 30-Jul-24

Customer	EPPI-IJP	Attention To	N. Cepeda/R. Almario
Item Code	5162982-00	Department	KPLima Production
Item Description	LOUVRE 2 MCX ASIA	Date of Detection	29-Jul-24
Job Order Number	55293	Section Detected	INLINEQA M4/NS

ILLUSTRATION OF THE PROBLEM

☐ Major ☒ Minor



Lot Quantity (pcs.)	Reject Quantity (pcs.)	Reject Percentage
1,038	102	9.83%

Nature of Defect:

SCRATCHES

ITEM SHOULD BE IN GOOD CONDITION; NO OCCURRENCE OF SCRATCHES

Actual:

SCRATCHES TO GLUE STAIN 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 checked="" type="checkbox"/> Gluing <input type="checkbox"/> EQOS <input type="checkbox"/> Vertical <input type="checkbox"/> Diecut <input type="checkbox"/> Others: <input type="checkbox"/> Detaching	<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)
M. Anonuevo QA 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 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**

Actions to be done to eliminate recurrence

Who / When

	Location	Total Stock	NG	Total Good			
RM					System		
WIP							
FG							

B. Orientation

				Design / Tools		
Date		Time				
Title						
Attendees						

C. Reworking

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