

NONCONFORMING QUALITY REPORT

Reg No : 169/NQR/III/2024
Issued Date : February 12, 2024
Receiv.No :2

Supplier Name MONACO EXPRESS	Part Name RM STEEL TUBE	Part No 24.00 X 20.00	PO No	Rev	Revision Item	Date	Dept.Head 04-03-2024 09:31 rw	Sect.Head 04-03-2024 09:30 rw	Foreman 04-03-2024 09:01 favian	
Search of problem :  <div>tttatatuq</div> <div>(Detail attached)</div>  INVOICE   MRB61616 ORDER     : YYA612 TOTAL DEL   : 10.000   KGS TOTAL CLAIM   : 9.000   KGS		<input type="checkbox"/> Claim: <input checked="" type="checkbox"/> Complaint[Information]	Delivery Date Feb 07'2024							
		location Claim occur	Disposition of inventory			Claim occurrence freq.		Disposition of this Claim		
		<input type="checkbox"/> Receiving Insp  <input checked="" type="checkbox"/> In-Process  <input type="checkbox"/> Customer (.....)	At customer <input type="checkbox"/> Sorted by Customer (.....)  <input type="checkbox"/> Sorted by Supplier Date:_____ (please come to PT KYB)  <input type="checkbox"/> Sorted by PT.KYBI  <input type="checkbox"/> Keep to use		At PT . KYBI <input checked="" type="checkbox"/> Sorted by Supplier Date:_____ (please come to PT KYB)  <input type="checkbox"/> Q Sorted by PT.KYBI  <input type="checkbox"/> Q Keep to use		<input checked="" type="checkbox"/> First time <input type="checkbox"/> Reoccured/routin  Disposition of defect part <input type="checkbox"/> Keep to use <input checked="" type="checkbox"/> Return to Supplier MONACO EXPRESS <input type="checkbox"/> Scrapped at PT.KYBI		<input checked="" type="checkbox"/> Pay compensation \$5151  <input type="checkbox"/> Send the replacement <input type="checkbox"/> Q By Air <input type="checkbox"/> Q By Sea	
								PPC Dept		

Fill in by Supplier

PROBLEM IDENTIFICATION			SUPPLIER:	VERIFICATION		
ROOT CASE	TEMPORARY ACTION & PERMANENT ACTION	SCHEDULE		M-1	M-2	M-3
Prepared:			Approved:	REMARK:		
			Checked:			
			JUDGE: Q OK Q NG	SIGN		