

NONCONFORMING QUALITY REPORT

Reg No : 183/NQR/III/2024
Issued Date : March 06, 2024
Receiv.No :2

Supplier Name MONACO EXPRESS	Part Name RM STEEL TUBE	Part No 24.00 X 20.00	PO No 11	Rev	Revision Item	Date	Dept.Head 01-01-1970 01:00	Sect.Head 01-01-1970 01:00	Foreman	
Search of problem : <div>dented</div> <div>(Detail attached)</div> INVOICE 3002020008077+3002020009232 ORDER : MRQRQR666 TOTAL DEL : 10.000 KGS TOTAL CLAIM : KGS <div>(yg)</div>		<input checked="" type="checkbox"/> Claim: <input type="checkbox"/> Complaint[Information]	Delivery Date Mar 15'2024							
		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 checked="" 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 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 type="checkbox"/> Return to Supplier MONACO EXPRESS <input checked="" type="checkbox"/> Scrapped at PT.KYBI		<input type="checkbox"/> Pay compensation <input type="checkbox"/> Send the replacement <input type="checkbox"/> Q By Air <input type="checkbox"/> Q By Sea	
								<div>PPC Dept</div>		

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