

QA.DEPT

Reg No : 215/NQR/IV/2024

Issued Date : April 02, 2024

Receiv.No :12

Supplier Name	Part Name	Part No	PO No	Rev	Revision Item	Date	Dept.Head	Sect.Head	Foreman
MONTACO ENTERPROSES	RM STEEL TUBE	24.00 X 20.00	661						
Search of problem : <div style="text-align: center;">2</div> (Detail attached) INVOICE WQWQWQ ORDER : 11 TOTAL DEL : 10.000 KGS TOTAL CLAIM : 111.111 KGS (1)		<input type="checkbox"/> Claim: <input checked="" type="checkbox"/> Complaint[Information]	Delivery Date						
			Apr 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)	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 checked="" type="checkbox"/> Keep to use <input type="checkbox"/> Return to Supplier MONTACO ENTERPROSES <input 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		

Fill in by Supplier

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

Bold Line to be filled by PT.KYBI

Route: QA Receiving Insp.PTKYBI -> Supplier -> VD PT.KYBI -> QA Receiving PT.KYBI