

QA.DEPT

## NONCONFORMING QUALITY REPORT

Receiv.No :12
---------------

---

Fill in by Supplier

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

**Bold Line to be filled by PT.KYBI**

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