

NONCONFORMING QUALITY REPORT

Reg No : 202/NQR/III/2024
Issued Date : March 04, 2024
Receiv.No :12

Supplier Name KYB WUXI TOP	Part Name RM STEEL TUBE	Part No 24.00 X 20.00	PO No 661	Rev	Revision Item	Date	Dept.Head	Sect.Head	Foreman
Search of problem : <div>QQQQQ</div> <div>(Detail attached)</div> <div>INVOICE WQWQWQ</div> <div>ORDER : QQQQQ</div> <div>TOTAL DEL : 10.000 KGS</div> <div>TOTAL CLAIM : 111.111 KGS</div> <div>(QQQQQQQQ)</div>		<input type="checkbox"/> Claim:	Delivery Date			25-03-2024 11:40 Albin Admin			
		<input checked="" type="checkbox"/> Complaint[Information]	Mar 03'2024						
		location Claim occur	Disposition of inventory			Claim occurrence freq.	Disposition of this Claim		
		<input checked="" type="checkbox"/> Receiving Insp	At customer	At PT . KYBI	<input checked="" type="checkbox"/> First time	<input type="checkbox"/> Pay compensation			
<input type="checkbox"/> In-Process	<input type="checkbox"/> Sorted by Customer (.....)	<input checked="" type="checkbox"/> Sorted by Supplier Date:_____	<input type="checkbox"/> Reoccured/routin						
<input type="checkbox"/> Customer (.....)	<input type="checkbox"/> Sorted by Supplier Date:_____	<input type="checkbox"/> Q Sorted by PT.KYBI	Disposition of defect part						
	<input type="checkbox"/> Sorted by PT.KYBI	<input type="checkbox"/> Q Keep to use	<input checked="" type="checkbox"/> Keep to use						
		<input type="checkbox"/> Keep to use	<input type="checkbox"/> Return to Supplier KYB WUXI TOP	<input type="checkbox"/> Send the replacement	<input type="checkbox"/> Q By Air	<input type="checkbox"/> Q By Sea			
			<input type="checkbox"/> Scrapped at PT.KYBI	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:	SIGN		
			Q OK			
			Q NG			