

NONCONFORMING QUALITY REPORT

Reg No : 217/NQR/V/2024

Issued Date : May 08, 2024

Receiv.No :

Supplier Name KYB WUXI TOP	Part Name APA	Part No 24.00 X 20.00	PO No 8881	Rev	Revision Item	Date	Dept.Head	Sect.Head	Foreman
Search of problem :  <div>y76y</div> <div>(Detail attached)</div> <div>INVOICE    QQQQ</div> <div>ORDER     : jk99</div> <div>TOTAL DEL   : 1.111   KGS</div> <div>TOTAL CLAIM   : 1.111   KGS</div> <div>(hjkhui)</div>		<input checked="" type="checkbox"/> Claim: <input type="checkbox"/> Complaint[Information]	Delivery Date May 08'2024						
		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 checked="" 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 checked="" type="checkbox"/> Keep to use <input type="checkbox"/> Return to Supplier KYB WUXI TOP <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		M-1	M-2	M-3
Prepared:			Approved:	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