

QA.DEPT

Reg No : 123/NQR/II/2024

Issued Date : February 04, 2024

Receiv.No :

Supplier Name SLD/111	Part Name 24.00 X 20.00	Part No 202102	PO No 8881	Rev	Revision Item	Date	Dept.Head	Sect.Head	Foreman
Search of problem :		<input checked="" type="checkbox"/> Claim: <input type="checkbox"/> Complaint[Information]	Delivery Date Feb 04'2024			01-01-1970 01:00	Albin Admin		15-03-2024 08:41 Albin Admin
yaya (Detail attached) INVOICE 3002020008077+3002020009232 ORDER : MRB2220707+MRB2230203 TOTAL DEL : 666 KGS TOTAL CLAIM : 11.111.111 KGS (111)		location Claim occur	Disposition of inventory			Claim occurrence freq.	Disposition of this Claim		
		<input checked="" type="checkbox"/> Receiving Insp <input 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 type="checkbox"/> First time <input checked="" type="checkbox"/> Reoccured/routin (88 times) Disposition of defect part <input type="checkbox"/> Keep to use <input checked="" type="checkbox"/> Return to Supplier SLD/111 <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 <div>PPC Dept</div>	

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