

QA.DEPT

Reg No : 05/NQR/2024

Issued Date : February 20, 2024

Receiv.No :

Supplier Name 24.00 x 20.00	Part Name	Part No	PO No	Rev	Revision Item	Date	Dept.Head	Sect.Head	Foreman	
Search of problem :		<input type="checkbox"/> Claim: <input checked="" type="checkbox"/> Complaint[Information]	Delivery Date Dec 15 2021				admin	admin	admin	
(Detail attached)		location Claim occur	Disposition of inventory			Claim occurrence freq.		Disposition of this Claim		
		<input type="checkbox"/> Receiving Insp <input type="checkbox"/> In-Process <input checked="" 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 type="checkbox"/> Sorted by Supplier Date:_____ (please come to PT KYB)		<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 24.00 x 20.00 <input type="checkbox"/> Scrapped at PT.KYBI		<input checked="" type="checkbox"/> Pay compensation \$515 \$56 \$5151 <input type="checkbox"/> Send the replacement <input type="checkbox"/> Q By Air <input type="checkbox"/> Q By Sea 1970-01-01	
			<input checked="" type="checkbox"/> Sorted by PT.KYBI		<input type="checkbox"/> Q Sorted by PT.KYBI <input type="checkbox"/> Q Keep to use					
			<input type="checkbox"/> Keep to use							
INVOICE 3002020008077+3002020009232 ORDER : MRB2220707+MRB2230203 TOTAL DEL : 43070 kgs KGS TOTAL CLAIM : 758 kgs KGS										

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