

NONCONFORMING QUALITY REPORT

Reg No : 189/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>JJJJJJJJ</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>(JHJJ)</div>		<input checked="" type="checkbox"/> Claim: <input type="checkbox"/> Complaint[Information]	Delivery Date Mar 03'2024					25-03-2024 09:38 Albin Admin	
		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 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 checked="" 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			
						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: Q OK Q NG