

NONCONFORMING QUALITY REPORT

Reg No : 216/NQR/V/2024

Issued Date : May 06, 2024

Receiv.No :

Supplier Name KAYABA ASIA CO.,LTD.	Part Name RM STEEL TUBE	Part No 24.00 X 20.00	PO No aall	Rev	Revision Item	Date	Dept.Head	Sect.Head	Foreman	
Search of problem : <div>qq q q</div> <div>(Detail attached)</div> INVOICE WQWQWQ ORDER : 11 TOTAL DEL : 6.661 KGS TOTAL CLAIM : 1.111 KGS <div>(qqaq)</div>		<input type="checkbox"/> Claim: <input checked="" type="checkbox"/> Complaint[Information]	Delivery Date May 19'2024							
		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 checked="" 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 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 KAYABA ASIA CO.,LTD. <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		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