

QA.DEPT

Reg No : 145/NQR/2024

Issued Date : January 01, 1970

Receiv.No :2

Supplier Name	Part Name	Part No	PO No	Rev	Revision Item	Date	Dept.Head	Sect.Head	Foreman	
			11							
Search of problem :		<input type="checkbox"/>	Claim:	Delivery Date						
		<input checked="" type="checkbox"/>	Complaint[Information]	Dec 15 2021						
(Detail attached) INVOICE 3002020008077+3002020009232 ORDER : MRQRQR666 TOTAL DEL : 44.441 TOTAL CLAIM : 758		location Claim occur		Disposition of inventory			Claim occurrence freq.		Disposition of this Claim	
				At customer		At PT. KYBI		<input checked="" type="checkbox"/>	First time	<input type="checkbox"/> Pay compensation
		<input checked="" type="checkbox"/> Receiving Insp	<input checked="" type="checkbox"/>	Sorted by Customer (.....)	<input type="checkbox"/> Sorted by Applier Date:_____		Reoccured/routin (0 times)			
		<input type="checkbox"/> In-Process			(please come to PT KYB)					
		<input type="checkbox"/> Customer (.....)		Sorted by Supplier Date:_____	<input type="checkbox"/> Q Sorted by PT.KYBI		Disposition of defect part		<input type="checkbox"/> Send the replacement	
				(please come to PT KYB)			<input checked="" type="checkbox"/> Keep to use		<input type="checkbox"/> Q By Air	
					<input type="checkbox"/> Q Keep to use		<input type="checkbox"/> Return to Supplier		<input type="checkbox"/> Q By Sea	
				Sorted by PT.KYBI			<input type="checkbox"/> Scrapped at PT.KYBI			
			Keep to use					PPC Dept		

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