

QA.DEPT

Reg No : 162/NQR/II/2024

Issued Date : February 19, 2024

Receiv.No :12
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Supplier Name	Part Name	Part No	PO No	Rev	Revision Item	Date	Dept.Head	Sect.Head	Foreman
			8881						
Search of problem :		<input checked="" type="checkbox"/> Claim: <input type="checkbox"/> Complaint[Information]	Delivery Date Feb 04'2024				01-01-1970 01:00	07-03-2024 12:14	26-02-2024 00:00 admin
(Detail attached)		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 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 checked="" type="checkbox"/> Q Keep to use		<input type="checkbox"/> First time <input checked="" type="checkbox"/> Reoccured/routin (8 times)  Disposition of defect part <input checked="" type="checkbox"/> Keep to use <input type="checkbox"/> Return to Supplier  <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
INVOICE    3002020008077+3002020009232 ORDER        : MRB2220707+MRB2230203 TOTAL DEL    : 666    KGS TOTAL CLAIM : 11.111.111    KGS									
									PPC Dept

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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