

QA.DEPT

Reg No : 158/NQR/II/2024

Issued Date : January 01, 1970

Receiv.No :12

Supplier Name	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
(Detail attached)		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 checked="" 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 type="checkbox"/> First time <input checked="" type="checkbox"/> Reoccured/routin (9 times) Disposition of defect part <input type="checkbox"/> Keep to use <input checked="" 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								<div>PPC Dept</div>	

Fill in by Supplier

PROBLEM IDENTIFICATION			SUPPLIER:	VERIFICATION		
ROOT CASE	TEMPORARY ACTION & PERMANENT ACTION	SCHEDULE	Approved:	M-1	M-2	M-3
Prepared:				REMARK:		
			Checked:			
				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