

NONCONFORMING QUALITY REPORT

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|---------------------------------|
| Reg No : 150/NQR/2024 |
| Issued Date : February 04, 2024 |
| Receiv.No :2 |

| | | | | | | | | | |
|---------------------|--|--|--|---|---|--|--|---------------------------|---------------------------|
| Supplier Name | Part Name 24.00 X 20.00 | Part No 24.00 X 20.00 | PO No 11 | Rev | Revision Item | Date | Dept.Head | Sect.Head | Foreman |
| Search of problem : | <div>11</div> <div>(Detail attached)</div> <div>INVOICE 3002020008077+3002020009232</div> <div>ORDER : MRQRQR666</div> <div>TOTAL DEL : 44.441 KGS</div> <div>TOTAL CLAIM : 758 KGS</div> <div>(1)</div> | <input type="checkbox"/> Claim: | Delivery Date | Feb 05'2024 | | | 12-03-2024 08:23 | 12-03-2024 08:23 | 12-03-2024 08:22 admin |
| | | <input checked="" type="checkbox"/> Complaint[Information] | | | | | | | |
| | | location Claim occur | Disposition of inventory | | | | Claim occurrence freq. | Disposition of this Claim | |
| | | <input checked="" type="checkbox"/> Receiving Insp | At customer | At PT. KYBI | | <input type="checkbox"/> First time | <input checked="" type="checkbox"/> Pay compensation | | |
| | | <input type="checkbox"/> In-Process | <input type="checkbox"/> Sorted by Customer (.....) | <input type="checkbox"/> Sorted by Supplier Date:_____ | | <input checked="" type="checkbox"/> Reoccured/routin (11 times) | <input type="checkbox"/> Send the replacement | | |
| | <input type="checkbox"/> Customer (.....) | <input checked="" type="checkbox"/> Sorted by Supplier Date:_____ | <input type="checkbox"/> Q Sorted by PT.KYBI | | Disposition of defect part | <input type="checkbox"/> Q By Air | | | |
| | | (please come to PT KYB) | <input type="checkbox"/> Q Keep to use | | <input checked="" type="checkbox"/> Keep to use | <input type="checkbox"/> Q By Sea | | | |
| | | <input type="checkbox"/> Sorted by PT.KYBI | | | <input type="checkbox"/> Return to Supplier | | | | |
| | | <input type="checkbox"/> Keep to use | | | <input type="checkbox"/> Scrapped at PT.KYBI | 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 | | | |