

QA.DEPT

Reg No : 153/NQR/2024

Issued Date : January 01, 1970

Receiv.No :

Supplier Name	Part Name	Part No	PO No	Rev	Revision Item	Date	Dept.Head	Sect.Head	Foreman
Search of problem :		<input type="checkbox"/> Claim:	Delivery Date						
		<input checked="" type="checkbox"/> Complaint[Information]	Dec 15 2021						
(Detail attached)		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:_____		<input type="checkbox"/> Reoccured/routin (0 times)		
		<input type="checkbox"/> In-Process			(please come to PT KYB)				
		<input type="checkbox"/> Customer (.....)	<input type="checkbox"/> 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"/> Sorted by PT.KYBI		<input type="checkbox"/> Q Keep to use		<input type="checkbox"/> Return to Supplier	<input type="checkbox"/> Q By Sea	
		<input type="checkbox"/> Keep to use				<input type="checkbox"/> Scrapped at PT.KYBI	PPC Dept		

INVOICE

ORDER :

TOTAL DEL : KGS

TOTAL CLAIM : KGS

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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