

QA.DEPT

Reg No : 233/NQR/I/2025

Issued Date : January 15, 2025

Receiv.No :12

Supplier Name	Part Name	Part No	PO No	Rev	Revision Item	Date	Dept.Head	Sect.Head	Foreman
MONTACO ENTERPROSES	RM STEEL TUBE	24.00 X 20.00	661						
Search of problem :		<input checked="" type="checkbox"/> Claim: <input type="checkbox"/> Complaint[Information]	Delivery Date Jan 22'2025						
<div>100</div> <div>(Detail attached)</div> <div>INVOICE 3002020008077+3002020009232</div> <div>ORDER : MRQRQR666</div> <div>TOTAL DEL : 43.070 KGS</div> <div>TOTAL CLAIM : 758 KGS</div> <div>(akna)</div>		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 checked="" 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 type="checkbox"/> Q Keep to use	<input checked="" type="checkbox"/> First time <input type="checkbox"/> Reoccured/routin Disposition of defect part <input type="checkbox"/> Keep to use <input checked="" type="checkbox"/> Return to Supplier MONTACO ENTERPROSES <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			
								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