

QA.DEPT

NONCONFORMING QUALITY REPORT

Receiv.No :2

Supplier Name	Part Name	Part No	PO No	Rev	Revision Item	Date	Dept.Head	Sect.Head	Foreman
PT NIPPON TSHUSHO	RM STEEL TUBE	24.00 X 20.00	11						
Business Problem :		<input type="checkbox"/> Claim:	Delivery Date						
		<input checked="" type="checkbox"/> Complaint[Information]	Mar 24'2024						
<div style="text-align: center;">j</div> <div style="text-align: center;">(Detail attached)</div> INVOICE aWWWWW ORDER : 11 TOTAL DEL : 6.661 KGS TOTAL CLAIM : 9.000 KGS (b)		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 type="checkbox"/> Pay compensation	
		<input type="checkbox"/> In-Process	<input type="checkbox"/> Sorted by Customer (.....)		<input checked="" type="checkbox"/> Sorted by Supplier Date:_____		<input checked="" type="checkbox"/> Reoccured/routin (9 times)		
		<input type="checkbox"/> Customer (.....)	<input type="checkbox"/> Sorted by Supplier Date:_____		<input type="checkbox"/> Q Sorted by PT.KYBI (please come to PT KYB)		Disposition of defect part	<input type="checkbox"/> Send the replacement	
			<input type="checkbox"/> Sorted by PT.KYBI (please come to PT KYB)		<input type="checkbox"/> Q Keep to use	<input checked="" type="checkbox"/> Keep to use	<input type="checkbox"/> Q By Air		
			<input type="checkbox"/> Keep to use			<input type="checkbox"/> Return to Supplier	<input type="checkbox"/> Q By Sea		
						PT NIPPON TSHUSHO INDONESIA			
						<input type="checkbox"/> Scrapped at PT.KYBI	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