

QA.DEPT

Reg No : 212/NQR/III/2024

Issued Date : March 20, 2024
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Receiv.No :12
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Supplier Name PT NIPPON TSHUSHO	Part Name RM STEEL TUBE	Part No 24.00 X 20.00	PO No MRB2222	Rev	Revision Item	Date	Dept.Head	Sect.Head	Foreman
Problem : [Blank]		<input checked="" type="checkbox"/> Claim: <input type="checkbox"/> Complaint[Information]	Delivery Date Mar 03'2024						
<p>q</p> <p>(Detail attached)</p> <p>INVOICE WQWQWQ</p> <p>ORDER : MRQRQR666</p> <p>TOTAL DEL : 10.000 KGS</p> <p>TOTAL CLAIM : 111.111 KGS</p> <p>(q)</p>		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 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 checked="" type="checkbox"/> Q Keep to use	<input checked="" type="checkbox"/> First time <input type="checkbox"/> Reoccured/routin  Disposition of defect part <input checked="" type="checkbox"/> Keep to use <input type="checkbox"/> Return to Supplier PT NIPPON TSHUSHO INDONESIA <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		

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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