

| <b>1 COMPLAINT INTERNAL FORM</b><br><br>BAGIAN : <u>WEB</u><br>NO CIF : <u>002/WEB/IV/2025</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NO. MRN/TO : <u>TOTORL/25/0778</u><br>NAMA BARANG : <u>HVS ROLL 70 82 PAPER PINDOPLUS</u><br>TOTAL QTY : <u>557 KG</u><br>NO. JOB : <u>251244</u><br>TANGGAL : <u>14-04-2025</u>                    |                                                                                                                                                                                                     |                                                                                                                                                                                                          |                               |                                      |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                                |                                         |                                        |                                        |                                                 |                                           |                                                  |                                   |                                          |                                          |                                             |                                                                                         |  |
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| <b>2</b><br><div style="border: 1px solid black; padding: 2px; width: fit-content; margin-bottom: 5px;">JENIS BARANG</div> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> KERTAS ROLL</div> <div style="width: 50%;"><input type="checkbox"/> BAHAN PENOLONG</div> <div style="width: 50%;"><input type="checkbox"/> COVER</div> <div style="width: 50%;"><input type="checkbox"/> UMUM</div> <div style="width: 50%;"><input type="checkbox"/> KERTAS SHEET</div> <div style="width: 50%;"><input type="checkbox"/> ACCESSORIES EFK</div> <div style="width: 50%;"><input type="checkbox"/> SPAREPART</div> <div style="width: 50%;"><input type="checkbox"/> .....</div> <div style="width: 50%;"><input type="checkbox"/> TINTA</div> <div style="width: 50%;"><input type="checkbox"/> PLATE</div> <div style="width: 50%;"><input type="checkbox"/> ATK</div> </div>                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                     |                                                                                                                                                                                                     |                                                                                                                                                                                                          |                               |                                      |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                                |                                         |                                        |                                        |                                                 |                                           |                                                  |                                   |                                          |                                          |                                             |                                                                                         |  |
| <b>3 JENIS COMPLAINT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                     |                                                                                                                                                                                                     |                                                                                                                                                                                                          |                               |                                      |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                                |                                         |                                        |                                        |                                                 |                                           |                                                  |                                   |                                          |                                          |                                             |                                                                                         |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">COMPLAINT QUALITY (KHUSUS KERTAS)</th> <th style="width: 50%;">COMPLAINT NON QUALITY</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> FLUI</td> <td><input type="checkbox"/> CORE KENDOR</td> </tr> <tr> <td><input type="checkbox"/> BERDEBU</td> <td><input type="checkbox"/> CORE RUSAK</td> </tr> <tr> <td><input type="checkbox"/> LENGKET</td> <td><input type="checkbox"/> BASAH</td> </tr> <tr> <td><input type="checkbox"/> POTONGAN KASAR</td> <td><input type="checkbox"/> SOBEK PINGGIR</td> </tr> <tr> <td><input type="checkbox"/> CACAT COATING</td> <td><input type="checkbox"/> PENYOK AKIBAT BENTURAN</td> </tr> <tr> <td><input type="checkbox"/> PANJANG - PENDEK</td> <td><input type="checkbox"/> ROBEK/TERSODOK FORKLIFT</td> </tr> <tr> <td><input type="checkbox"/> BERGARIS</td> <td><input type="checkbox"/> QUANTITY KURANG</td> </tr> <tr> <td><input type="checkbox"/> SAMBUNGAN JELEK</td> <td><input type="checkbox"/> SALAH KIRIM BARANG</td> </tr> <tr> <td colspan="2"> <input checked="" type="checkbox"/> LAIN - LAIN <u>UKURAN FISIK KERTAS TIDAK SESUAI</u> </td> </tr> </tbody> </table> |                                                                                                                                                                                                     | COMPLAINT QUALITY (KHUSUS KERTAS)                                                                                                                                                                   | COMPLAINT NON QUALITY                                                                                                                                                                                    | <input type="checkbox"/> FLUI | <input type="checkbox"/> CORE KENDOR | <input type="checkbox"/> BERDEBU | <input type="checkbox"/> CORE RUSAK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> LENGKET | <input type="checkbox"/> BASAH | <input type="checkbox"/> POTONGAN KASAR | <input type="checkbox"/> SOBEK PINGGIR | <input type="checkbox"/> CACAT COATING | <input type="checkbox"/> PENYOK AKIBAT BENTURAN | <input type="checkbox"/> PANJANG - PENDEK | <input type="checkbox"/> ROBEK/TERSODOK FORKLIFT | <input type="checkbox"/> BERGARIS | <input type="checkbox"/> QUANTITY KURANG | <input type="checkbox"/> SAMBUNGAN JELEK | <input type="checkbox"/> SALAH KIRIM BARANG | <input checked="" type="checkbox"/> LAIN - LAIN <u>UKURAN FISIK KERTAS TIDAK SESUAI</u> |  |
| COMPLAINT QUALITY (KHUSUS KERTAS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | COMPLAINT NON QUALITY                                                                                                                                                                               |                                                                                                                                                                                                     |                                                                                                                                                                                                          |                               |                                      |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                                |                                         |                                        |                                        |                                                 |                                           |                                                  |                                   |                                          |                                          |                                             |                                                                                         |  |
| <input type="checkbox"/> FLUI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> CORE KENDOR                                                                                                                                                                |                                                                                                                                                                                                     |                                                                                                                                                                                                          |                               |                                      |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                                |                                         |                                        |                                        |                                                 |                                           |                                                  |                                   |                                          |                                          |                                             |                                                                                         |  |
| <input type="checkbox"/> BERDEBU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> CORE RUSAK                                                                                                                                                                 |                                                                                                                                                                                                     |                                                                                                                                                                                                          |                               |                                      |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                                |                                         |                                        |                                        |                                                 |                                           |                                                  |                                   |                                          |                                          |                                             |                                                                                         |  |
| <input type="checkbox"/> LENGKET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> BASAH                                                                                                                                                                      |                                                                                                                                                                                                     |                                                                                                                                                                                                          |                               |                                      |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                                |                                         |                                        |                                        |                                                 |                                           |                                                  |                                   |                                          |                                          |                                             |                                                                                         |  |
| <input type="checkbox"/> POTONGAN KASAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> SOBEK PINGGIR                                                                                                                                                              |                                                                                                                                                                                                     |                                                                                                                                                                                                          |                               |                                      |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                                |                                         |                                        |                                        |                                                 |                                           |                                                  |                                   |                                          |                                          |                                             |                                                                                         |  |
| <input type="checkbox"/> CACAT COATING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> PENYOK AKIBAT BENTURAN                                                                                                                                                     |                                                                                                                                                                                                     |                                                                                                                                                                                                          |                               |                                      |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                                |                                         |                                        |                                        |                                                 |                                           |                                                  |                                   |                                          |                                          |                                             |                                                                                         |  |
| <input type="checkbox"/> PANJANG - PENDEK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> ROBEK/TERSODOK FORKLIFT                                                                                                                                                    |                                                                                                                                                                                                     |                                                                                                                                                                                                          |                               |                                      |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                                |                                         |                                        |                                        |                                                 |                                           |                                                  |                                   |                                          |                                          |                                             |                                                                                         |  |
| <input type="checkbox"/> BERGARIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> QUANTITY KURANG                                                                                                                                                            |                                                                                                                                                                                                     |                                                                                                                                                                                                          |                               |                                      |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                                |                                         |                                        |                                        |                                                 |                                           |                                                  |                                   |                                          |                                          |                                             |                                                                                         |  |
| <input type="checkbox"/> SAMBUNGAN JELEK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> SALAH KIRIM BARANG                                                                                                                                                         |                                                                                                                                                                                                     |                                                                                                                                                                                                          |                               |                                      |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                                |                                         |                                        |                                        |                                                 |                                           |                                                  |                                   |                                          |                                          |                                             |                                                                                         |  |
| <input checked="" type="checkbox"/> LAIN - LAIN <u>UKURAN FISIK KERTAS TIDAK SESUAI</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                     |                                                                                                                                                                                                     |                                                                                                                                                                                                          |                               |                                      |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                                |                                         |                                        |                                        |                                                 |                                           |                                                  |                                   |                                          |                                          |                                             |                                                                                         |  |
| <b>4 *CATATAN KHUSUS KERTAS ROLL</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">NOMOR ID ROLL</th> <th style="width: 10%;">QTY</th> <th style="width: 70%;">KET' RUSAK</th> </tr> </thead> <tbody> <tr> <td>75943917</td> <td>557</td> <td>FISIK TIDAK SESUAI</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NOMOR ID ROLL                                                                                                                                                                                       | QTY                                                                                                                                                                                                 | KET' RUSAK                                                                                                                                                                                               | 75943917                      | 557                                  | FISIK TIDAK SESUAI               | <b>5 *CATATAN KHUSUS KERTAS SHEET</b><br><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">         1. KODE LOT NUMBER       </div> <div style="display: flex; justify-content: space-between;"> <div>         2. KERTAS SUDAH TERCETAK(HASIL CETAK OK)<br/>         3. KERTAS SUDAH TERCETAK(HASIL CETAK NG)<br/>         4. KERTAS BELUM TERCETAK UK' TO/MRN(PLANO)<br/>         5. KERTAS BELUM TERCETAK UK' SUDAH TERPOTONG X<br/>         6. ....       </div> <div style="text-align: right;"> <div style="border: 1px solid black; width: 80px; height: 20px; margin-bottom: 5px;"></div>         :..... RIM<br/>         :..... RIM<br/>         :..... RIM<br/>         :..... RIM<br/>         :..... RIM<br/>         * TOTAL QTY KERTAS :..... RIM       </div> </div> |                                  |                                |                                         |                                        |                                        |                                                 |                                           |                                                  |                                   |                                          |                                          |                                             |                                                                                         |  |
| NOMOR ID ROLL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | QTY                                                                                                                                                                                                 | KET' RUSAK                                                                                                                                                                                          |                                                                                                                                                                                                          |                               |                                      |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                                |                                         |                                        |                                        |                                                 |                                           |                                                  |                                   |                                          |                                          |                                             |                                                                                         |  |
| 75943917                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 557                                                                                                                                                                                                 | FISIK TIDAK SESUAI                                                                                                                                                                                  |                                                                                                                                                                                                          |                               |                                      |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                                |                                         |                                        |                                        |                                                 |                                           |                                                  |                                   |                                          |                                          |                                             |                                                                                         |  |
| <b>6 PROBLEM (NON KERTAS) :</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>7 USULAN :</b>                                                                                                                                                                                   |                                                                                                                                                                                                     |                                                                                                                                                                                                          |                               |                                      |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                                |                                         |                                        |                                        |                                                 |                                           |                                                  |                                   |                                          |                                          |                                             |                                                                                         |  |
| <b>8 CATATAN GUDANG :</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">NO. PO</td> <td style="width: 30%;">PO/24/2217</td> <td style="width: 20%;">NO.DO</td> <td style="width: 30%;">D1L0067969</td> </tr> </table> <u>CAKRAWALA MEGA INDAH, PT</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NO. PO                                                                                                                                                                                              | PO/24/2217                                                                                                                                                                                          | NO.DO                                                                                                                                                                                                    | D1L0067969                    |                                      |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                                |                                         |                                        |                                        |                                                 |                                           |                                                  |                                   |                                          |                                          |                                             |                                                                                         |  |
| NO. PO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PO/24/2217                                                                                                                                                                                          | NO.DO                                                                                                                                                                                               | D1L0067969                                                                                                                                                                                               |                               |                                      |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                                |                                         |                                        |                                        |                                                 |                                           |                                                  |                                   |                                          |                                          |                                             |                                                                                         |  |
| <b>9</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                     |                                                                                                                                                                                                     |                                                                                                                                                                                                          |                               |                                      |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                                |                                         |                                        |                                        |                                                 |                                           |                                                  |                                   |                                          |                                          |                                             |                                                                                         |  |
| <b>PELAPOR/USER</b><br>14-04-2025<br><div style="border: 2px solid green; padding: 5px; display: inline-block; transform: rotate(-2deg); color: green; font-weight: bold;">APPROVED</div><br>( Feri Andrian )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>MENGETAHUI</b><br>14-04-2025<br><div style="border: 2px solid green; padding: 5px; display: inline-block; transform: rotate(-2deg); color: green; font-weight: bold;">APPROVED</div><br>( Yanu ) | <b>WAREHOUSE</b><br>15-04-2025<br><div style="border: 2px solid green; padding: 5px; display: inline-block; transform: rotate(-2deg); color: green; font-weight: bold;">APPROVED</div><br>( Indra ) | <b>PURCHASING</b><br>15-04-2025<br><div style="border: 2px solid green; padding: 5px; display: inline-block; transform: rotate(-2deg); color: green; font-weight: bold;">APPROVED</div><br>( Gita Siti ) |                               |                                      |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                                |                                         |                                        |                                        |                                                 |                                           |                                                  |                                   |                                          |                                          |                                             |                                                                                         |  |
| <b>NOTE : SETELAH DIISI MOHON DIKEMBALIKAN KE GUDANG</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                     |                                                                                                                                                                                                     |                                                                                                                                                                                                          |                               |                                      |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                  |                                |                                         |                                        |                                        |                                                 |                                           |                                                  |                                   |                                          |                                          |                                             |                                                                                         |  |

COPY : 1. WAREHOUSE

2. PURCHASING

3. USER