

PRODUCT DEVIATION / WAIVER FORM



Please fill in this Form in, on the Computer System (Not By Hand).

NO:			
REQUESTED BY:		Date of Issue	
Customer:		Customer Contact:	

PARTS / Components Released under this Deviation / Waiver			
PRODUCT LINE Effected:			
Supplier of Parts:			
PART NUMBER(s) Effected:			
If Known... Give Works Orders or Lot Number Effected by Deviation in box Below: (if general component, and all stock is Effected State) = (ALL Stock) = (Quantity is Stated Above).			
Lot N#		W.O.(s)	
Time Limit for Deviation is either (Date or Quantity or Both)		After this –The Deviation is Closed unless it is altered for more Time or Quantity.	
DATE FROM:		DATE TO:	Added Date
QUANTITY:		Added Quantity	
Altered for More Time or Quantity in the above boxes			

REASON FOR DEVIATION / WAIVER:	
	DCR N# if Raised
	8D SCAR / PRR N# if Raised
Drawing to be changed.	

At least 2 signatures required. One signature Quality or Engineering

APPROVED BY: _____ **Date** ___ / ___ / ___

PURCHASING-----/ PRODUCTION-----

QUALITY -----/ENGINEERING-----

SALES: -----/CUSTOMER:-----

Copies to be filed by: Quality