



TITLE: **SUPPLIER DEVIATION REQUEST FORM**

SUPPLIER DEVIATION REQUEST FORM

To Be Completed by the Supplier

SUPPLIER/PART INFORMATION			
Supplier Name:		Request Date:	
Originator Name:		Contract:	
Part Number:		REV:	
Doc Number:		Title:	
Qty. Received:		Quantity Defect:	
DEVIATION INFORMATION			
Reason for Deviation Request: FIT: <input type="checkbox"/> FUNCTION: <input type="checkbox"/> MATERIALS: <input type="checkbox"/> OTHER: <input type="checkbox"/>			
Add reason here:			
Description of Deviation: (Include number of parts deviation will affect)			
Add description here:			
Is Tooling Repair/Modification Required? YES: <input type="checkbox"/> NO: <input type="checkbox"/>		Tooling Cost \$:	
Cost Savings (piece price reduction) from Supplier to FabTech.			

To Be Completed by FabTech

DEVIATION EVALUATION AND DISPOSITION					
FACTOR AFFECTED	YES	NO	FACTOR AFFECTED	YES	NO
End Item			Safety		
Specifications			Finish Product		
Performance			Appearance		
Weight / Mass			Life of Item		
Properties			Reliability		
Interchangeability			Maintainability		
ACTIONS	YES	NO	RESPONSIBILITY		
Scrap Parts?					
Modify Tooling to avoid recurrence?					
Modify Planning to avoid recurrence?					
Drawing Change Required?					
Customer Approval Required?					
FabTech Evaluator:			Date:	APP <input type="checkbox"/>	REJ <input type="checkbox"/>
Customer Evaluator:			Date:	APP <input type="checkbox"/>	REJ <input type="checkbox"/>
Add Comments:					
Deviation Waiver # (If approved, Supplier must list this number on all shipments)					
Good Until:					