

Company	Change / Deviation Request	ID number:
		

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Supplier	Part description		Date		
	Drawing Number		Project		
	Part Number		Revision		
	To		From		
	Name		Name		
	Department		Department		
	Phone		Phone		
	e-mail:		e-mail:		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Construction Deviation	Process Change	Drawing Change	Process/Tooling Transfer	Material/Supplier Change
	Subject:				
	Period		Quantity		Batch-No.
	Detailed description of the Change / Deviation request; defect percentage:				
	Enclosures				
Reasons for Change/ Deviation; corrective actions to prevent deliveries defects in future:					
Name	Department	Signature	Date		

Customer	Decision of the customer			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Release	Release with conditions	Refusal	
	Comment			
Name	Department	Signature	Date	

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Enclosures: