



Supplier Deviation Request Form

Supplier Information		Part Information	
Company Name		Part Number	
Requestor Name		Part Name	
Requestor E-mail		Date Submitted	

Deviation Details					
Duration	<input type="checkbox"/> Temporary	Begin Date		Begin PO #	
	<input type="checkbox"/> Permanent	End Date		End PO #	
Design Condition					
Deviation Condition					
Reason for Deviation					

Supplier Approvals			
Title	Name	Signature	Date
Quality Manager			
Plant Manager			

Corrective Action Plan (must be attached to this document)			
Has corrective action plan been implemented?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If not, by when?	

Sur-Seal Response			
<input type="checkbox"/> The deviation is approved as requested, for the time period indicated above	Sur-Seal Signatures		
	Title	Name	Signature & Date
<input type="checkbox"/> The deviation is approved with the clarification listed below	Quality Engineer		
<input type="checkbox"/> The deviation is NOT approved for the reasons listed below	Quality Manager		
Comments:			