



Temporary Deviation Request

Dev. #

Requested by:

Supplier Customer Internal

Date:

To:

From:

ATTN:

Respond To:

Autosplice P/N:

Rev.

Description:

Cust. / Sup. P/N:

Rev.

Description:

Autosplice P.O.:

Line Item:

Qty:

Sales Order #:

Cust. / Sup. P.O.:

Other:

TEMPORARY DEVIATION REQUESTED

Specification Requirements:

Actual Value / Condition / Measurement:

Reason For Request:

Action To Be Taken To Prevent a Recurrence of this Deviation:

CPAR #:

Request for Design Review for possible Drawing Revision: Yes No

Does request affect entire Purchase Order: Yes No

Part Limit

Time Limit

No. of Parts Authorized:

Date Deviation Expires:

Comments:

APPLICABLE APPROVAL

Component Engineering _____

Sales _____

Machine Engineering _____

Purchasing _____

Manufacturing Engineer _____

Quality Assurance _____

Operations _____

Document Control _____

Production Control _____

Customer / Supplier _____