This form is to be used by approved suppliers for requesting a deviation from the drawing print, specification or bill of material requirements. This form is to be completed and dispositioned prior to shipment. Instructions for completing the form are on PG3.

If approved, supplier to include completed form with each shipment and reference TDA on applicable Inspection report for respective dimension(s).

|  |  |  |  |
| --- | --- | --- | --- |
| Requestor: | Click here to enter text. | Date: MM/DD/YYYY | Click here to enter a date. |
| P/N or Specification #: | Click here to enter text. | Supplier Name: | Click here to enter text. |
| P/N or Specification #: | Click here to enter text. | PO or MO# : | Click here to enter text. |
| Revision: | Click here to enter text. | Duration of Temp. Deviation? | Click here to enter text. |
| Qty. in this shipment or MO: | Click here to enter text. | Inventory QTY: | Click here to enter text. |

|  |  |
| --- | --- |
| List Additional Affected Part Numbers | Click here to enter text. |
| Current Requirement  | Click here to enter text. |
| Requested Deviation | Click here to enter text. |
| Reason for Deviation (Root Cause) | Click here to enter text. |
| Corrective Action (objective evidence will be required) | Click here to enter text. |
| Date of Corrective Action Implementation  | Click here to enter a date. |
| 1st Shipment of Corrected Parts | Click here to enter text. |

|  |  |
| --- | --- |
| [ ]  | THE DEVIATION REQUEST **IS** APPROVED AS WRITTEN. PENDING THE ISSUANCE OF A FORMAL SPECIFICATION REVISION, THE DEVIATION SPECIFICATION SHOULD BE REGARDED AS HAVING BEEN OFFICIALLY REVISED. |
| [ ]  | THE DEVIATION REQUEST **IS** APPROVED WITH THE CLARIFICATION LISTED BELOW. |
| [ ]  | THE DEVAITION REQUEST IS **NOT** APPROVED FOR THE REASONS LISTED BELOW. |
| Comments | Click here to enter text. |
| **TDA#** | Click here to enter text. | **Date:** Click here to enter a date. |
| **SPC APPROVAL** | **Title:** Click here to enter text. | **Signature:** Click here to enter text. |

**For SPC Internal Use Only:**

|  |  |  |
| --- | --- | --- |
| **Impact Cost:** | **$**Click here to enter text. | **A value greater than $500 requires COO or CEO approval signature above** |
| **Department:** | **Approve** | **Disapprove** | **Date** | **Signature** |
| **Quality Manager** | [ ]  | [ ]  | Click here to enter a date. | Click here to enter text. |
| **Engineering** | [ ]  | [ ]  | Click here to enter a date. | Click here to enter text. |
| **Purcahsing****(if applicable)** | [ ]  | [ ]  | Click here to enter a date. | Click here to enter text. |
| **Planning****(if applicable)** | [ ]  | [ ]  | Click here to enter a date. | Click here to enter text. |
| **COO****(if applicable)** | [ ]  | [ ]  | Click here to enter a date. | Click here to enter text. |
| **CEO****(if applicable)** | [ ]  | [ ]  | Click here to enter a date. | Click here to enter text. |
| **Additional Requirements** | **YES** | **NO** |  |
| **Drawing Change Required:**  | [ ]  | [ ]  | **Engineering Request Number:**  | Click here to enter text. |
| **Corrective Action Required:** | [ ]  | [ ]  | **CA Number:** | Click here to enter text. |
| **MO Change Required:** | [ ]  | [ ]  | **MO Number:**  | Click here to enter text. |
| **TDA# If Approved** Click here to enter text. |

**Instructions for Completing Form**

1. **Requestor:** Enter the supplier representative requesting the deviation.
2. **Date:** Enter the date of the request
3. **P/N or Specification #:** Enter the affected Part Number or Specification Number (e.g. MSS-4.000). Additional affected part numbers that are affected can be defined in the **List Additional Affected Part Numbers** field.
4. **Supplier Name:** Name of the supplier requesting the deviation.
5. **P/N or Specification #:** Supply the part name from the drawing.
6. **PO or MO#:** Enter the Purchase order Number of the Manufacturing order number for the affected shipment.
7. **Revision:** Part Revision letter or #
8. **Duration of Temp. Deviation:** How long does the supplier expect the deviation to stay in place? Example: This lot, until next production run *with date*, “x” amount of pieces, etc.
9. **Qty in this shipment or MO:** Total count of non-conforming parts in the PO shipment or MO.
10. **Inventory Qty:** Total count of parts in inventory that are affected.

**For Items 11 thru 17**

**Please be clear and supply as much information as possible. Additionally, when possible, attach pictures, screen shots, 5-whys, Fishbone Diagram, procedures, etc to help communicate. SPC may request additional information before approving.**

**Operator Error** or the **like** will not be accepted as the Reason for Deviation.

Take time to ensure the root cause is fully understood and communicated and that the corrective action addresses all aspects of the Reason for deviation. Inaccurate information or ineffective root cause / corrective action may result in the Supplier Deviation Request being rejected.

Objective evidence will **always** be required for the corrective action. It is SPC’s goal to follow up on all corrective actions to ensure they are implemented and effective.

**CQI-10 and CQI-20 from AIAG are invaluable resources for Root Cause and coactive action problem solving and should be referenced whenever possible.**

1. **List Additional Affected Part Numbers:** List any additional part numbers that are affected but the deviation including but not limited to higher level assemblies, similar part numbers, etc.
2. **Current Requirement:** The supplier shall state the current requirement on the print or specification that they are requesting a deviation against. Please state the requirement or attach a screen shot when necessary.

**Example #1:** Per Note 1: No burrs allowed on inner face of tang.

**Example #2:** Sheet 1, Section View A-A; Dim: Ø30.05 ± 0.02

1. **Requested Deviation**: Supplier shall state the requested deviation in detail.

**Example #1:** Burrs to be .03 MAX

**Example #2:** Open tolerance to ± 0.03

1. **Reason for Deviation:** Specify in detail the reason the supplier is requesting the deviation.

**Example #1:** Fine burrs cannot be removed from surface with current manufacturing technique.

**Example #2:** Current tooling is worn and is producing tolerances outside the acceptable range.

1. **Corrective Action:** Please define the corrective action that directly addresses the Reason for Deviation (root cause). Also provide objective evidence for the corrective action when applicable.
2. **Date of Corrective Action Implementation:** Provide the date to when the corrective action will be implemented
3. **1st Shipment of Corrected Parts:** Provide the PO# and / or Shipment of when SPC can expect to see the corrected parts. At this point the Supplier inspection report will no longer reference the TDA.

**A signed copy of Page 1 *ONLY* will be sent back to the supplier regardless of the decision to approve or not**

**in PDF format *ONLY*.**