



better analysis counts

802740 – Supplier Deviation Form | Rev B

Supplier to Fill Out Below Sections

Date: _____ Supplier Name: _____
Part Number: _____ Supplier Address: _____
Part Name: _____
Revision: _____ Purchase Order Number: _____
Quantity Requested: _____ Requested Expiration Date: _____

Description of Deviation:
(What is the change?)

Reason for Deviation:
(Why is it needed?)

Corrective Action:
(If applicable)

Submitted by:

Name: _____ Title: _____
Phone Number: _____ E-mail: _____

XOS to Fill Out Below Sections

Additional Information:

Signatures Required for Approval:

Design/Product Engineer:		Date:	
Manufacturing Engineer:		Date:	
Procurement:		Date:	
Quality:		Date:	

Include a copy of the approved RFD with applicable product