

Temporary Deviation Request

Dev. # _____

Requested by: _____ Supplier Customer Internal **Date:** _____

To: ATTN:	From: Respond To:
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Autosplice P/N:	Rev.	Description:
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Cust. / Sup. P/N:	Rev.	Description:
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Autosplice P.O.:	Line Item:	Qty:	Sales Order #:
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Cust. / Sup. P.O.:	Other:
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TEMPORARY DEVIATION REQUESTED

<u>Specification Requirements:</u>	<u>Actual Value / Condition / Measurement:</u> .
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Reason For Request:

Action To Be Taken To Prevent a Recurrence of this Deviation:	CPAR #:
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Request for Design Review for possible Drawing Revision: Yes No

Does request affect entire Purchase Order: Yes No

<input type="checkbox"/> Part Limit No. of Parts Authorized:	<input type="checkbox"/> Time Limit Date Deviation Expires:
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Comments:

APPLICABLE APPROVAL

(Please type N/A for non-applicable approval departments previously discussed and agreed with Quality personnel)

Component Engineering _____	Sales _____
Machine Engineering _____	Purchasing _____
Manufacturing Engineer _____	Quality Assurance _____
Operations _____	Document Control _____
Production Control _____	Customer / Supplier _____