



Supplier Deviation Form

Date of Request:

Requested By:

Order Detail

Supplier:	
Part Number:	
Purchase Order:	
Qty Ordered:	
Qty Affected:	

Deviation Detail

Deviation to: ☐ Purchase Order ☐ Drawing ☐ Industry Standard
☐ Other:

Description of Deviation:
(Attach all evidence and documentation)

Cause or Reason for Deviation:
(List relevant Serial Numbers and Date Codes)

EMS use only

☐ **Accepted**

☐ **Rejected**

Approval Signatures			
Department	Name	Signature	Date
Quality			
Engineering			
Procurement			
Manufacturing			
Manufacturing Eng.			

EMS Information	
Customer Name:	
Sales Order:	
End Item Part Number:	

Does this affect Form/Fit/Function?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments:
Any impact to the end item?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments:
Customer Approval Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments: Customer Rep: Date Contacted:
Affect to any Customer Flow Downs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments:
ECN Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A ECN#: Name: Date:	Comments: Effective Until: