



Measurement Systems Inc./DNE Technologies Inc.
SUPPLIER DEVIATION FORM

Supplier:	P.O. #:		
Part No.:	Quantity:		
<u>Description of deviation from print or specifications:</u>			
Signature:	Date:	Tel.#:	
REVIEW OF DEVIATION			
Approvals:	YES	NO	Date:
Engineering Representative:			
Quality Representative:			
COMMENTS:			
Contact Quality Engineering at MSI/DNE upon receipt of this deviation.			