SUPPLIER SUBMISSION OF DEVIATION

Deviation # _____

Part Name: _____ **Date:** _____

Part Number: _____ **Company Initiating:** _____

Drawing # _____ **Initiator (contact):** _____

Current Standard:
(describe current standard,specification, etc)

Proposed Deviation:
(describe deviation, risks involved etc)

Proposed Start Date of Deviation: _____

End Date of Deviation: _____

	Yes	No	
Testing required?			If yes, please provide supporting documentation of testing
Testing complete?			date of completion or scheduled completion:_____
Drawing change required?			
Control Plan change required?			
Change to DFMEA/PFMEA?			
change to Process Flow?			
Other documentation needed?			Please explain (and provide documentation):_____

_____

AAP APPROVAL: _____ _____

SIGNATURE DATE