

 SUPPLIER DEVIATION REQUEST		DATE	
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REQUESTOR:	NAME: PHONE/ e-mail:	COMPANY NAME:	
PART NO. BATCH NO. LOT NO.		PART NAME:	
QTY or DURATION:	P.O.:	SPEC. OR DWG. NO. & REV.:	
DEVIATION REQUESTED: <i>Be specific. Indicate the characteristic, the requested deviation value and the proper units (e.g., Inner Diameter to be 2.25 ± .040"). Attach additional sheet and/or sketch if necessary.</i>			
SPECIFICATION: <i>Indicate the corresponding Flexfab specification value, with proper units (e.g., Inner Diameter 2.25 ± .030")</i>			
ROOT CAUSE:			
CORRECTIVE ACTION:			
All information above to be provided by REQUESTOR			

Note: Material not in compliance with drawing(s) or specification(s) shall not be shipped without prior Flexfab approval.

FLEXFAB USE ONLY		Approved	Denied	Conditional
ENGINEERING SIGNATURE <i>(Required)</i>	DATE:			
MANUFACTURING SIGNATURE <i>(If necessary)</i>	DATE:			
PURCHASING SIGNATURE <i>(Required)</i>	DATE:			
SALES SIGNATURE <i>(If necessary)</i>	DATE:			
QA SIGNATURE <i>(Required)</i>	DATE:			
Conditions/Restrictions for use of Deviated Material/Comments/Reason for Rejection:				

Note: A copy of this approval must accompany the shipment of the affected materials.