

SUPPLIER DEVIATION REQUEST

SDR # _____

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

(FOR FLEXFAB USE ONLY)

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 (Required)	Date:			
Manufacturing Signature (If necessary)	Date:			
Purchasing Signature (Required)	Date:			
Sales Signature (If necessary)	Date:			
QA Signature (Required)	Date:			
Conditions/Restrictions for use of Deviated Material/Comments/Reason for Rejection:				

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