



DEVIATION/CHANGE REQUEST FORM

DCR #

SUPPLIER INFORMATION		PART INFORMATION	
Date:		Part Number:	
Supplier Name:		Part Description:	
Supplier Code:		Revision Level:	Quantity:
Contact:	Phone #:	PO Number:	

DESCRIPTION

<input type="checkbox"/> 1 st Time	<input type="checkbox"/> Product Related
<input type="checkbox"/> Repeat, DCR# _____	<input type="checkbox"/> Process Related

Current Requirement:

DEVIATION REQUEST

Request for Deviation:

Reason for Request:

CHANGE REQUEST

Request for Change:

Reason for Request:

Acknowledgment (<i>Departments to sign when needed</i>)	Date	Approve/Disapprove	Comments
Purchasing:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Engineering:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Manufacturing:		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Quality Assurance:		<input type="checkbox"/> YES <input type="checkbox"/> NO	

VALCOR DISPOSITION

Drawing/Spec Change Required?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, ECO# _____
Corrective Action Required?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, CAR# _____

Final Disposition and Comments:

Supplier Note: If deviation is approved, a copy of this form shall be included inside the shipping container with each affected shipment.