



Supplier Deviation / Change Request Form

For Supplier Use

Supplier Name / Address	Customer Part #	Suppliers No.	Date
Originator:	Material (Part Number, Part Description and Rev)		
Tel. No. E-mail./fax			

Request for Change

1st Time
 Process change
 Permanent

Request type :
 Drawing/Design change
 Temporary

Description of change/deviation (include Current Specification & Process)

Reason for change/deviation

Impact of proposed change/deviation benefits

Affected Component: 0

Date of first product affected and Min/Max timing to implement and validate _____

Plant Affected	Scheduled Date	PO Affected	Qty

Proposed evaluation (Describe what will be done to ensure specification is fulfilled):

Qualification plan/schedule	Plan date	Actual date	Sign

Additional Information



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<input type="checkbox"/> Change request approved with below data and actions required <input type="checkbox"/> Change request rejected				
Date and Actions:		Supplier Approvers		
	Name/Position	Signature	Date	Approve/Disapprove
Quality				
Engineering				
Manufacturing				
Other				
Other				

For Criterion Manufacturing Use

<input type="checkbox"/> Change request approved with below data and actions required <input type="checkbox"/> Change request rejected			
Data and actions required from the supplier to be documented with PSW as cover page for approved change			
<input type="checkbox"/> New Part Approval <input type="checkbox"/> PPAP Level _____ <input type="checkbox"/> DFMEA <input type="checkbox"/> PFMEA <input type="checkbox"/> Process Flow Chart <input type="checkbox"/> Control Plan <input type="checkbox"/> MSA <input type="checkbox"/> Process Capability Study <input type="checkbox"/> Measurement results		<input type="checkbox"/> Additional requirements	
Criterion Manufacturing Approvers			
	Signature	Date	Approve/Disapprove
Quality Manager			
President			
Other			
Other			