

DEVIATION REQUEST

Application		Supplier Contact	
Melecs Part No.		Supplier No.	
Designation		Affected pcs	
Drawing No. and Version/Revision Level		Name of measuring report incl. date	

<i>Applicant</i>	Description of deviation / Description of cause:	Planned value	Actual value

<i>Decision</i>	Deviation authorization YES <input type="checkbox"/> NO <input type="checkbox"/> Conditional release <input type="checkbox"/>	Department:	Name:	Date:
		Valid for the time frame:		Valid for number of pcs:
	Explanation / Conditions / Requirements			
	Special labeling			