

Supplier name : _____ Supplier No. : _____
Name of person : _____ Telephone : _____
completing form _____
Department : _____ E-mail : _____

Date/signature of supplier : _____

Part designation : _____ Drawing No. : _____
Material : _____ Identification No. : _____

Quantity of the deviating parts :

Reason for deviation

Immediate measures

Deadline : Responsible :

Long-term containment measures

Deadline : Responsible :

Customer decision approved rejected

Department Responsible person Date/signature