

Supplier name : _____ **Supplier No.** : _____
Name of person completing form : _____ **Telephone** : _____
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