|  |
| --- |
|  **SUPPLIER DEVIATION REQUEST** [ ]  **SUPPLIER PROCESS CHANGE**  [ ]  |
| Supplier Name:  | Request Date:  | Deviation No. (if applicable): |
| Supplier Address: |   |   | Part No./Description: |   |   |
|  |  |  |  | Part Revision Level:  |   |   |
| Supplier Contact: |   |   |   | Date Approved Thru: |   |   |
| Deviation Approved: [ ]  Rejected: [ ]  | Nilfisk Production Site: |   |   |
| Affected Quantity or Length of Time: | Machine Platform:  |   |   |
| Affected Complete machine Serial # (if applicable):  | Corrective ActionComplete Due Date:  |  |  |
| Description of Discrepancy or Process Change: |
|
|
| Reason for Request: |
|
|
| Corrective Action: (Please also attach Nilfisk SCAR report - if applicable)  |
|
| Reason for Rejection, if applicable: |
|
| Note: Supplier shall submit a copy of the signed Deviation Request with each shipment of parts to Nilfisk until affected quantity or time is reached. |  |
|  |  |  |  |  |  |
| ***Approvals:*** |  |  |  |  |  |  |  |  |
| **Engineering Representative** |  Sign and Print Name | Date: |   |   |   |
|  |  |  |  |  |  |  |
| **Supplier Quality Representative** |  Sign and Print Name | Date: |   |   |   |
|  |  |  |  |  |  |  |
| **Procurement Representative** |  Sign and Print Name |   | Date: |   |

 

 **For Internal Use Only, page 2, do not send to supplier:**

 **Deviation No. (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_**

**Risk Assessment Required:** Yes [ ]  No [ ]

(Attach to Deviation)

**Comments:**