

Supplier Deviation Request (SDR)

General		ECR Number: _____
Supplier/LN ID: _____	Requestor/Title: _____	
Address: _____ _____	Phone Number: _____	
	Fax Number: _____	
Date of Request: _____	Supplier Requestor Name: _____	Email: _____
Section 1 – Deviation Request		
1. Request Type	<input type="checkbox"/> Deviation Nature – (Circle One): location, Supplier of Material, Tolerance, Dimensional <input type="checkbox"/> Sub-Supplier Change <input type="checkbox"/> Other: _____	
2. Part Number _____	Revision: _____	
	Tool Asset #(s) _____	
Part Description: _____		
3. Description of Current Process or Specification: Attachments? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Deviated Material Identification Plan: (reference labeling, tagging, or any unique identifier)		
5. Reason for Deviation and Description of Process or Specification:		
6. Proposed Deviation Limits: (timeframe, qty, batch, sequence, etc.)		
Date: _____		
Section 2 – To Be Completed by Progress Rail (* If approved, indicate data required from Supplier.)		
ENG Quality: _____	_____	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected
	Signature	Date
Comments: _____		

Process Flow

