

Supplier Deviation Request

Procurement Information	
Prepared By Click or tap here to enter text.	Date Prepared (DD-MMM-YYYY) Click or tap here to enter text.
SMS Supply Chain Representative Click or tap here to enter text.	Purchase Order Number Click or tap here to enter text.
Part Number(s) Click or tap here to enter text.	Part Description Click or tap here to enter text.
Supplier Information	
Supplier Name Click or tap here to enter text.	Supplier CAGE Code Click or tap here to enter text.
Supplier Representative Click or tap here to enter text.	Contact Information (email, telephone, etc.) Click or tap here to enter text.
Quality Representative Click or tap here to enter text.	Contact Information (email, telephone, etc.) Click or tap here to enter text.
Deviation Information	
Priority: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <i>Priority identification is based on urgency for SMS responses:</i> <i>High: 48 hours</i> <i>Medium: 3-5 business days</i> <i>Low: 5-15 business days</i>	
Summary of Nonconformance: <i>Briefly describe the nonconformance and how you got there.</i> Click or tap here to enter text.	
Contractual/Customer Requirement: <i>Identify existing contractual requirement and what document and section the requirement is located.</i> Click or tap here to enter text.	
Contractual/Customer Deviation Request: <i>What updated requirement would put the part into compliance?</i> Click or tap here to enter text.	
Impact on <input type="checkbox"/> Form <input type="checkbox"/> Fit <input type="checkbox"/> Function? <i>Identify if deviation has an impact on form, fit, or function (ex. tolerance, mating capabilities, performance, etc.)</i>	

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Click or tap here to enter text. Impact on Delivery Schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, if rejected Click or tap here to enter text.		
Recurring Nonconformance? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Identify if nonconformance is recurring on SMS parts. If so, please list affected quantity, lot numbers, serial numbers, and dates.</i> Quantity affected, Lot Number, Serial Number, Dates (N/A if not a recurring nonconformance?) Click or tap here to enter text.		
Corrective Action Initiated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Click or tap here to enter text.		
Name and Title: Click or tap here to enter text.	Date Signed (DD-MM-YYYY): Click or tap here to enter text.	Signature: Click or tap here to enter text.

SMS Internal Use Only		
Deviation Disposition: <input type="checkbox"/> Approval <input type="checkbox"/> Approval with Modification <input type="checkbox"/> Disapproval HAR Number (if applicable): Click or tap here to enter text.		Reference Number: Click or tap here to enter text.
Feedback/Recommendations: Click or tap here to enter text.		
QE Review: Click or tap here to enter text.	Date Signed (DD-MM-YYYY): Click or tap here to enter text.	Signature: Click or tap here to enter text.
Responsible Engineer Review: Click or tap here to enter text.	Date Signed (DD-MM-YYYY): Click or tap here to enter text.	Signature: Click or tap here to enter text.