

A. SUPPLIER / CUSTOMER INFORMATION		B. PART INFORMATION	
Date:		Part #	Drawing #
Name:		Description:	
Requested By:		Revision Level:	
Phone #:		PO#:	PO Qty: SO#:
Delivery Date of NCM:		Deviation Qty.:	Serial #:

C. DEVIATION INFORMATION		
Deviation Request Is:		
<input type="checkbox"/> Product Related	<input type="checkbox"/> 1st Time	<input type="checkbox"/> Permanent
<input type="checkbox"/> Process Related	<input type="checkbox"/> Repeat	<input type="checkbox"/> Temporary
Current Requirement	Requested Deviation	Reason for Deviation

D. ELMA ELECTRONIC INC. DISPOSITION				
Department	Signature	Date	Approve/Reject	Comments
Purchasing				
Quality				
Engineering				
Manufacturing				
Customer (if required)				
Other				

E. DISPOSITION (completed by Elma Electronic Inc.)			
Dwg. or BOM Change. Req.? (for supplier requests only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, EN#:
Corrective Action Req?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, 8D/SCAR #:
Customer Controlled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Attach Customer Disposition

Final Disposition/Comments: