



Advance Deviation or Product Change Request Form

Supplier Name:		Supplier No:	P.O. No:	Requested by:	Date:
SWF Part Number:	Rev:	Part Description:		Quantity or Date of Duration:	
Requested Deviation Or Part Change Description:					
Design Change Requested: Yes <input type="checkbox"/> No <input type="checkbox"/>		SWF Inventory Affected: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Reason for Request:					
Corrective Action:					
Cost Affected: Yes <input type="checkbox"/> No <input type="checkbox"/>		Dollar Estimate:			
* Springs Window Fashions to Complete the Following *					
Approvals:		Accept	Reject	Date	
Product Engr: _____		<input type="checkbox"/>	<input type="checkbox"/>	_____	
Process Engr: _____		<input type="checkbox"/>	<input type="checkbox"/>	_____	
Engr. Dir: _____		<input type="checkbox"/>	<input type="checkbox"/>	_____	
Prod. Mgr: _____		<input type="checkbox"/>	<input type="checkbox"/>	_____	
Sup. Qual. Engr: _____		<input type="checkbox"/>	<input type="checkbox"/>	_____	
Comments:					
<small>Disclaimer: This approval is granted upon understanding that it is advisory in nature and in no manner changes the Suppliers original responsibility for insuring that all characteristic(s), designated in the applicable engineering specification and/or inherent in the samples as originally tested and approved, are maintained. Supplier accepts full responsibility for the deviation listed above; and should such deviation(s) result in less satisfactory performance than experienced when the originally approved item, Supplier will fully reimburse SWF for all expenses incurred to correct the deficiency.</small>					
Note: all signatures are required for deviation or part approval.					