

Supplier Deviation Request

Section I. (To be completed by Supplier)

Check appropriate box: <input type="checkbox"/> Deviation Request <input type="checkbox"/> Improvement Idea <input type="checkbox"/> For Information				
Date:		Supplier:		TMS PO #:
Supplier Contact Name:		Phone #:		Supplier Part No. / Description:
		Email:		
TMS Part Name / Description:		TMS Part No. / Purchase Spec No:		Revision:
Supplier Comments / Description of Deviation:				
Qty Affected	Unit of Measure	TMS / Supplier Drawing Spec: Identify Affected Lot No's / Serial No's	Location /section /para. of deviation	Deviation Description
Supplier - Root Cause of Deviation:				<input type="checkbox"/> Root Cause Not Applicable
Supplier - Corrective Action Plan to Prevent Recurrence:				<input type="checkbox"/> Corrective Action Not Applicable

Section II. (To be completed by Times Microwave MRB)

TMS MRB Approval Signatures (Required)

ENGINEERING	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected (see comments)
Name:	Signature:	Date:
Comments:		
QUALITY	<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected (see comments)
Name:	Signature:	Date:
Comments:		
FOR NOTIFICATION ONLY (when applicable)		
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Purchasing	<input type="checkbox"/> Sales
Comments:		

SDR #: _____ Date: _____