

**Supplier Deviation Request**

|  |  |
| --- | --- |
| **Supplier Name** |  |
| **Submit Date** |  |
| **Requested By** |  |
| **Shawmut Facility Affected Select ALL that apply** |
|  | West Bridgewater, MA |  | Clinton, TN |  | Silao, MX |  | Shawmut China |  | Tijuana, MX |
|  | Port Huron, MI |  | Lugoff, SC |  | Krupka, CR |  | Park Avenue, NC |  | Middleton, NY |
| **Deviation Source** |
|  | Customer Complaint |  | Testing |
|  | Internal Assessment |  | Third Party Assessment |
|  | Malfunction |  | Observation |
|  | Process Data |  | Other (describe clearly) |
| **Deviation Basic Problem** |
|  | Compliance |  | Customer Expectation |
|  | Data Entry |  | Shipping Issue |
|  | Documentation |  | Requirements Issue |
|  | Product Issue |  | Other (describe clearly) |
|  | Training Issue |
| **Request Description Fully describe what is being requested. Be as specific as possible.** |
|  |
| **Reason for Request Describe reason and purpose of request and any concessions offered.**  |
|  |
| **Risk Analysis / Actions**  |
|  |
| **Part Number** |  |
| **Description** |  |
| **Lot** |  |
| **Quantity** |  |
| **Expiration** |  |
| Signature of Supplier Representative: |
| Title of Supplier Representative: |

Use this form for **TEMPORARY** changes only – if a permanent change is being requested, please utilize FORM-00331 – Supplier change Request. Forms are available at [www.shawmutcorporation.com](http://www.shawmutcorporation.com)

This form is to be completely filled out and provided to your Shawmut contact PRIOR to making any changes at your facility. All changes must be approved by Shawmut and incomplete information will delay this process. Supplier accepts all responsibility for the use of this material by Shawmut.

Authorized Shawmut Representative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APPROVED / REJECTED

CPRO DEV # \_\_\_\_\_\_\_\_\_\_\_\_\_\_