

Supplier Deviation Request

Supplier Name				
Submit Date				
Requested By				
Shawmut Facility Affected <small>Select ALL that apply</small>				
<input type="checkbox"/>	West Bridgewater, MA	<input type="checkbox"/>	Clinton, TN	
<input type="checkbox"/>	Port Huron, MI	<input type="checkbox"/>	Lugoff, SC	
<input type="checkbox"/>		<input type="checkbox"/>	Silao, MX	
<input type="checkbox"/>		<input type="checkbox"/>	Krupka, CR	
<input type="checkbox"/>		<input type="checkbox"/>	Shawmut China	
<input type="checkbox"/>		<input type="checkbox"/>	Park Avenue, NC	
<input type="checkbox"/>		<input type="checkbox"/>	Tijuana, MX	
<input type="checkbox"/>		<input type="checkbox"/>	Middleton, NY	
Deviation Source				
<input type="checkbox"/>	Customer Complaint		<input type="checkbox"/>	Testing
<input type="checkbox"/>	Internal Assessment		<input type="checkbox"/>	Third Party Assessment
<input type="checkbox"/>	Malfunction		<input type="checkbox"/>	Observation
<input type="checkbox"/>	Process Data		<input type="checkbox"/>	Other <small>(describe clearly)</small>
Deviation Basic Problem				
<input type="checkbox"/>	Compliance	<input type="checkbox"/>	Customer Expectation	
<input type="checkbox"/>	Data Entry	<input type="checkbox"/>	Shipping Issue	
<input type="checkbox"/>	Documentation	<input type="checkbox"/>	Requirements Issue	
<input type="checkbox"/>	Product Issue	<input type="checkbox"/>	Other <small>(describe clearly)</small>	
<input type="checkbox"/>	Training Issue			
Request Description <small>Fully describe what is being requested. Be as specific as possible.</small>				
Reason for Request <small>Describe reason and purpose of request and any concessions offered.</small>				
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

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 # _____