

Accuride Corporation Supplier Deviation Request Form



Suppliers shall request, in writing, a deviation before shipping non-conforming material to an Accuride business using this form. Complete this form and email to Buyer and/or Quality Engineer/Manager. Product cannot be shipped/received until a written response is provided from authorized representatives of the Accuride business unit. File Name should be saved as Supplier Name + Change Notification Number

SECTION I: DEVIATION DETAILS (To Be Completed By Supplier)

* Type of Request <input type="checkbox"/> Parts Already Shipped <input type="checkbox"/> Parts to be Supplied		* Duration <input type="checkbox"/> Permanent <input type="checkbox"/> Requested Deviation Until	
* Supplier:		* Deviation Description:	
* Part Number		* Qty	* Date Code
* Change Notification Number (Brand + Part Number + date mm/dd/yy)		* Requested By:	* Date (mm/dd/yy) 3/26/19

***CURRENT SPECIFICATION-** (Attach referenced drawing or specification with submission)

***PROPOSED DEVIATION-** (Attach supporting data, inspection results, correspondence, etc)

***REASON FOR DEVIATION**

CORRECTIVE ACTION DETAILS

CORRECTIVE ACTION AFFECTS THE FOLLOWING

- Product
 Specs
 Control Plan
 Work Instructions
 FMEA
 Drawings
 PPAP
 Procedures
 Other (Specify):

*** SUPPLIER APPROVALS:**

* Name	Title: Quality Manager	Date:	Email
* Name	Title: Plant Manager	Date:	Email
Name	Title:	Date:	Email
Name	Title:	Date:	Email
Name	Title:	Date:	Email

SECTION II: REVIEW/APPROVAL (To Be Completed By Accuride Receiving Facility)

- THE SUBJECT REQUEST IS APPROVED AS WRITTEN. PENDING THE ISSUANCE OF A FORMAL SPECIFICATION REVISION, THE SUBJECT SPECIFICATION SHOULD BE REGARDED AS HAVING OFFICIALLY REVISED.
 THE SUBJECT REQUEST IS APPROVED WITH THE CLARIFICATION LISTED BELOW.
 THE SUBJECT REQUEST IS NOT APPROVED FOR THE REASONS LISTED BELOW.

ANALYSIS/DISPOSITION/COMMENTS

DEVIATION REQUEST APPROVALS/REJECTIONS:

* Name	Title: QUALITY MANAGER	Date:	Email
* Name	Title: PLANT MANAGER	Date:	Email
* Name	Title: SUPPLY CHAIN REP	Date:	Email
* Name	Title: SBU ENGINEERING MANAGER	Date:	Email
Name	Title:	Date:	Email

***ACCURIDE CORPORATION CUSTOMER QUALITY ENGINEER REVIEW REQUIRED** YES NO

Date Request Sent to Customer:
 Date of Expected Approval:
 Date of Final Approval:

*** MANDATORY FIELDS**