



Supplier Deviation Form

Document No.: 900-200-003-FRM
Rev : 04

For Supplier use

Supplier Name / Address		Originator / Author:	Telephone No. & Email	Suppliers No.
Part Number(s)	Revision Level	Part Description		Submission Date

Deviation Type

Temporary

- Initial Shipment Parts
 Request To Ship Not Approved Parts
 Request to Ship Reworkable Parts
 Request to Ship Non-conforming parts
 Heat Treat Affected
 Other

Description of deviation (include current specification & process)

Reason for deviation and impact of proposed deviation benefits

Qualification plan

Proposed evaluation (Describe what will be done to ensure specification is fulfilled):

Qualification plan/schedule	Plan date	Actual date	Sign

Supplier: Check the boxes for documents that needs to be updated, if the proposed deviation request needs to be re-PPAP'd, and their dates

Required for this change? (Yes/No)	Planned Completion Date	Comments
<input type="checkbox"/> DFMEA <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
<input type="checkbox"/> Process Flow Chart <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
<input type="checkbox"/> PFMEA <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
<input type="checkbox"/> Control Plan <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
<input type="checkbox"/> Work Instructions <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
<input type="checkbox"/> Gage R&R <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
<input type="checkbox"/> Re-PPAP Submission <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____



Supplier Deviation Form

Document No.: 900-200-003-FRM
Rev : 04

For Supplier use

Supplier Name / Address		Originator / Author:	Telephone No. & Email	Suppliers No.
Part Number(s)		Revision Level	Part Description	Submission Date

Affected time or quantity for Deviation Request

Deviation Request is for fixed time period (duration) or fixed quantity | Duration Qty

Affected time period

Affected quantity

Date Code of first shipping product

RegalRexnord Plant Affected	Scheduled Ship Date	PO Affected	Qty

Supplier Name / Title	Signature	Date	Email

Supplier required to attach a copy of Approved Deviation Request on two adjacent sides of each container/box with each shipment for approved PO or duration or quantity.

For Regal Rexnord use

Deviation request approved

DCR No:

Deviation request approved with additional requirements below

Additional requirements with Approval

Deviation request rejected

Comments for Deviation Request rejection

Regal Rexnord Approvers

Function	Name	Signature	Date	Approve/Disapprove
Product Engineer				
Quality Engineer				
Other				
Other				