Manufacturing deviation approval / Check exemption

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Special release No. / / /

TELEFAX ☐
EXTERNAL ☐
INTERNAL ☐

Please pass on to the Quality Assurance department		
Recipient:	Company:	Telefax-No.:
	Department:	Attn:

Customer:		Customer Number:	
Customer Article No.:		Part Name:	
Order No.:		Drawing No.:	
BTT Article No.:		Total piece number:	
Affected period:		Number of rejected pieces:	

In the above production lot, on checking a slight uncritical deviation from your delivery specification or drawing was established, please check if it can be used.

Fault description:

Nominal values:	Actual values:	Remarks:

Attachment:	Sample part: ☐	Photo: ☐		Other: ☐
Date:		Q: ☐	T: ☐ V: ☐	Signature:

May only be filled out by: **External customer** **Internal T and/or Q**			
Decision:			
Special release declined	☐	Special release once only	☐
Special release general tolerance for this article	☐	Special release general tolerance for all articles	☐
Devitation is to be eliminated for following deliveries	☐	Special release declined reworking possible	☐
Other	☐		

External:		Internal:	
Company name / Stamp:	Department:	T:	Q:
	Date:	Date:	Date:
	Signature:	Signature:	Signature: