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| --- | --- | --- | --- | --- | --- | --- |
| **SUPPLIER CHANGE / DEVIATION / WAIVER REQUEST (CDWR)** | | | | | | |
| Supplier Name: | | | | Date of Request: | | |
|  | | | |  | | |
| Supplier Representative Name & Title: | | | | EaglePicher Drawing No. & Revision Level: | | |
|  | | | |  | | |
| Supplier Phone / Email: | | | | EaglePicher PO / RFQ No.: | | |
|  | | | |  | | |
| Supplier Request No.: [if applicable] | | | |  | | |
|  | | | |
| Type of Request: [check one] | | | | | | |
| **CHANGE** | Request to change processes, manufacturing location, equipment, material, product design, sub-tier suppliers, drawing requirements, or any purchase order requirements. | | | | | |
| **DEVIATION** | A specific written authorization, granted **prior to** the manufacture of an item, to depart from a particular performance or design requirement of a specification, drawing or other document, for a specific number of units, or period of time for the above listed Purchase Order. | | | | | |
| **WAIVER** | A written authorization to accept an item which during production **(parts in-process or after having been submitted for inspection)** is found to depart from specified requirements, but nevertheless considered suitable for “USE AS IS” or after “REWORK” by an approved method. | | | | | |
| **OTHER** | A specific request that is in the form of a recommendation and/or pertaining to needed clarification. | | | | | |
| Details of Request: | | | | | | |
|  | | | | | | |
| SECTIONS BELOW TO BE COMPLETED BY EAGLEPICHER PER EP-QC-443 | | | | | | |
| Engineering Approval: | | YES  YES, with conditions [explained below]  NO | | | | |
|  | | | | | | |
| Printed Name / Title: | |  | | | Date: |  |
| Signature: | |  | | | ECR No.:  [if applicable] |  |
| ADDITIONAL SIGNATURES [if Engineering approved] | | | | | | |
| Program QA Representative, Printed Name / Title: | | |  | | | |
| Signature: | | |  | | Date: |  |
| Program Management, Printed Name / Title: | | |  | | | |
| Signature: | | |  | | Date: |  |
| SCM Representative, Printed Name / Title: | | |  | | | |
| Signature: | | |  | | Date: |  |
| CDWR No.: | | |  | | | |