

## **INSTRUCTIONS FOR COMPLETING SUPPLIER DEVIATION REQUEST**

### **1. General**

The Supplier Deviation Request (SDR) is used by the supplier to document a request for a product or process deviation. This form is to be sent to the designated Kollmorgen contact person for processing.

### **2. Instructions**

- A. **Supplier Information** – Enter the current date, supplier’s name (and location), name of supplier contact, telephone # and fax #; completed by Supplier
- B. **Part Information** – Enter the specific part number, part description, drawing revision level, PO number, and quantity for the parts being requested for deviation; completed by Supplier.
- C. **Deviation Request** – Identify whether the request is (completed by Supplier):
1. product of process related
  2. a 1<sup>st</sup> time request or a repeat request
  3. a permanent or temporary request
- **Current Requirement/Process** – Fully describe the current requirement/specification or process; completed by Supplier
  - **Proposed Deviation** – Fully describe the requested deviation from the current requirement/specification or process; completed by Supplier.
  - **Reason for Deviation/Corrective Action** – Fully describe the reason for the deviation. Also identify the corrective actions to be taken to prevent a similar deviation in the future, if applicable; completed by Supplier.
- D. **Kollmorgen Approval/Disapproval** – The responsible persons representing each department will indicate their approval or disapproval, and sign and date the form; completed by Kollmorgen.
1. **Purchasing** – Provide the following information
    - a. Top level part, customer, & PO # with special notes
  2. **Supplier Quality** – Determine quality risk is acceptable. If item is customer controlled, identify and confirm compliance.
  3. **Engineering** – Determine if deviation affects form, fit or function of part/assembly
  4. **Manufacturing** – Determine if deviation affects production processing
- E. **Disposition** – Identify whether the deviation requires a permanent drawing change. If so, enter the ECP/PCR #. Identify whether the deviation requires a corrective action. If so, enter the CPAOID #; completed by Kollmorgen.
- F. **Document Storage** – All SDR’s are to be stored at G:\Supply Chain\Quality\Document Storage\SDR.
1. **Naming Convention** – Name the file by “[Part Number] – [PO Number].pdf”

|                   |  |              |
|-------------------|--|--------------|
| <b>KOLLMORGEN</b> | <b>Supplier Deviation Request Form</b> |              |
|                   | <b>QSP 2.01.21</b>                     | <b>Rev B</b> |

| <b>A. SUPPLIER INFORMATION</b>                   |                                   | <b>B. PART INFORMATION</b>                    |                                   |
|--|-----------------------------------|---|-----------------------------------|
| Date:  |                                   | Part Number:                                  |                                   |
| Name:  |                                   | Description:                                  |                                   |
| Contact:   |                                   | Revision Level:                               |                                   |
| Phone #:   |                                   | PO Number:                                    |                                   |
| Fax #:   |                                   | Quantity:                                     |                                   |
| <b>C. DEVIATION INFORMATION</b>                  |                                   |   |                                   |
| <i>Deviation request is:</i>                     |                                   |   |                                   |
| <input type="checkbox"/> Product Related         | <input type="checkbox"/> 1st Time | <input type="checkbox"/> Permanent            |                                   |
| <input type="checkbox"/> Process Related         | <input type="checkbox"/> Repeat   | <input type="checkbox"/> Temporary/Duration__ |                                   |
| Current Requirement                              | Requested Deviation               | Reason for Deviation                          |                                   |
|  |                                   |   |                                   |
| <b>D. KOLLMORGEN DISPOSITION</b>                 |                                   |   |                                   |
| Acknowledgements:                                | Signature:                        | Date:   | Approve/<br>Disapprove:           |
| Purchasing                                       |                                   |   |                                   |
| Supplier Quality                                 |                                   |   |                                   |
| Engineering                                      |                                   |   |                                   |
| Manufacturing                                    |                                   |   |                                   |
| Other  |                                   |   |                                   |
| <b>E. DISPOSITION (Completed by Kollmorgen):</b> |                                   |   |                                   |
| Drawing Change Required?                         | <input type="checkbox"/> Yes      | <input type="checkbox"/> No                   | If Yes, PCR/ECR #:                |
| Corrective Action Request Required?              | <input type="checkbox"/> Yes      | <input type="checkbox"/> No                   | If Yes, CPAOID #:                 |
| Customer Controlled?                             | <input type="checkbox"/> Yes      | <input type="checkbox"/> No                   | If Yes, attach customer approval: |
| Final Disposition/ Comments?:                    |                                   |   |                                   |