



Deviation Number (YYMMXX): <small>(Assigned by CEF)</small>		Originator/Requestor:	
Submittal Date:		Supplier/Customer:	
Deviation Type:	<input type="checkbox"/> Supplier Submitted	<input type="checkbox"/> CEF Submitted	<input type="checkbox"/> CEF Internal
Part Number/Rev:	Part Description:		
<input type="checkbox"/> Permanent <input type="checkbox"/> This Job Only    ECO, If Applicable:		QTY:	<input type="checkbox"/> Process <input type="checkbox"/> Product
Description of Problem ("Is" Condition):			
Current Condition ("Should Be" Condition):			
Description of Root Cause (Reason for Change):			
Corrective Action (What needs to be done. Include WHO, WHAT and WHEN)			
Verification of Corrective Action by CEF Quality			

Approval Signatures	Supplier Submitted Deviations	Date
	Supplier Submitting Deviation	
	CEF Purchasing	
	CEF Design Engineering	
	CEF Quality	

CEF Submitted/Internal Deviations	Date
CEF Quality	
CEF Manufacturing Engineering	
CEF Design Engineering	
CEF Product Line	

Customer Acknowledgement and Acceptance: _____	
IF Applicable	Name
_____	_____
Title	Date

\*NOTE: Quantity Impact Consideration to be reviewed by engineering.