



MGM Brakes



A Division of Indian Head Industries, Inc.

ENGINEERING DEVIATION REQUEST FORM

(MGM USE ONLY)

DEVIATION NO. _____

| | | |
|---|----------------------|--|
| SUPPLIER NAME | ORIGINATED DATE | E.T. NO. |
| SUPPLIER PLANT | MGM PART NO. | SUPPLIER PART NO. |
| ADDRESS | PART NAME | QUANTITY |
| CITY AND STATE | ZIP | MGM PURCHASING LOCATION <input type="checkbox"/> CLOVERDALE <input type="checkbox"/> MURPHY |
| INDIVIDUAL REQUESTING DEVIATION / TITLE | MGM PURCHASING AGENT | |
| SUPPLIER E-MAIL | PHONE | LAYOUT AND/OR SUPPORTING DATA ATTACHED <input type="checkbox"/> Yes <input type="checkbox"/> No |
| TOOL INFORMATION: TOOL/CAVITY NO: _____ PURCHASE DATE: _____ TOOL CONDITION: _____ CAN TOOL BE REPAIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO TIMING _____ COST: _____ | | COMMENTS: |

| ITEM | CONTROL CHARAC.SYMBOL | CHARACTERISTIC / SPEC. | REQUESTED CHARACTERISTIC / SPEC |
|------|-----------------------|------------------------|---------------------------------|
| | | | |

(MGM USE ONLY) REASON FOR REQUEST (EXPLAIN IN FULL DETAIL IF ADDITIONAL INFORMATION IS REQUIRED - ATTACH A LETTER)

| | |
|---|--|
| <input type="checkbox"/> REWORK TO COMPLY WITH SPECIFIED REQUIREMENTS | <input type="checkbox"/> USE "AS IS" THIS QUANTITY ONLY _____ |
| <input type="checkbox"/> NCQR NO. _____ | <input type="checkbox"/> REWORK TO MIN. ACCEPTANCE STANDARDS AS STATED |
| <input type="checkbox"/> SCRAP | <input type="checkbox"/> MAXIMUM TIME PERIOD _____ |

| DEPARTMENT | APPROVE | DISAPPROVE | DATE | COMMENTS |
|-----------------------------|---------|------------|------|----------|
| CORPORATE ENGINEERING | | | | |
| | | | | |
| | | | | |
| CORPORATE QUALITY ASSURANCE | | | | |
| CORPORATE PURCHASING | | | | |
| CORPORATE SALES | | | | |
| MODEL RESPONSIBILITY | | | | |
| PLANT QUALITY ASSURANCE | | | | |

cc: Supplier's Quality Assurance Manager

cc: Corporate Engineering
Corporate Quality Assurance
Corporate Purchasing

Plant Quality Assurance
Eng. Test Laboratory