



Special Approval for Purchased & Production parts

Applicant: Supplier Huf

Supplier / Huf Site: _____ Mr./Mrs. _____

Address / Huf dept.: _____ Telephone No: _____

Partner no. / Cost Center: _____ E- Mail _____

Huf Part No. _____ Safety part

Description/Further instructions: _____

Description of the deviation / change

Specification (acc. to drawing, instruction, etc.): _____

Deviation from the specification: _____

Number of pieces *		For time frame *	
	from		to

* Maximum time frame one year /one year capacity

Declaration: All actions to ensure the delivery / production of OK parts will be promptly carried out.
 Each packing unit must be marked with a label acc. CForm-0249 "Deviation Marking".
 Shipping documents must be marked with a corresponding note.
 Parts must be identified, if applicable.

The applicant agrees the absorption of costs

Corrective actions: _____

Date Dept. Signature of Applicant

Customer specifications affected? <input type="checkbox"/> no <input type="checkbox"/> yes If yes, a customer approval must be existing ! Otherwise the request must be rejected! Customer reference (if applicable): _____	Action plan attached? <input type="checkbox"/> no <input type="checkbox"/> yes	BOM change (prefix) <input type="checkbox"/> no <input type="checkbox"/> yes
--	---	---

Remarks: _____

Decision:

Deviation permission			
granted		quantity*	time frame*
yes	no		

Project No.: _____	TPL / PD*	Project Buyer / SQD**	PQE / OQ
	(Date, Name, Signature)	(Date, Name, Signature)	(Date, Name, Signature)
	<small>* only for Product deviation</small>	<small>** only for Purchased Parts</small>	

Supplementary costs Huf / Customer (expenses for tests/production/development, etc.): _____

debited to supplier debited to Huf (Cost Center) _____

Distribution:

Supplier (via SQD)
 PU / SQD
 PD/TPL
 OQ/PQ
 O-Lxx
 PM /PMP

Huf