

Request for Deviation Waiver



**Automation
Tooling
Systems**

Section C	Supplier QA Comments (if assigned):
(Supplier QA)	<p>_____ Date: _____</p> <p>Print name & signature title DDMMYYYY</p>

Section D: ATS Deviation Waiver Approval To be completed by ATS.	
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Section D1	ATS Supply Chain comments:
(Supply Chain)	<p><input type="checkbox"/> Request approved <input type="checkbox"/> Request approved as noted <input type="checkbox"/> Request rejected</p> <p>_____ Date: _____</p> <p>Print name & signature title DDMMYYYY</p>
<small>Supplier to ATS request only.</small>	

Section D2	ATS Engineering Resolution / Justification:
(Engineering)	<p>The deviation affects:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Design <input type="checkbox"/> Safety <input type="checkbox"/> Interchangeability <input type="checkbox"/> Performance <input type="checkbox"/> Reliability <input type="checkbox"/> Shelf life <input type="checkbox"/> Contract price <input type="checkbox"/> Pressure boundary (B51 / N285) <p><input type="checkbox"/> Request approved <input type="checkbox"/> Request approved as noted <input type="checkbox"/> Request rejected</p> <p>_____ Date: _____</p> <p>Print name & signature title DDMMYYYY</p>

Section D3	ATS Project Manager comments:
(Project Manager)	<p><input type="checkbox"/> Request approved <input type="checkbox"/> Request approved as noted <input type="checkbox"/> Request rejected</p> <p>_____ Date: _____</p> <p>Print name & signature DDMMYYYY</p>

Section D4	ATS QA:	ATS source surveillance of the repair work performed:	<input type="checkbox"/> is required
(QA)	_____	(see Section F for verification)	<input type="checkbox"/> is not required
	_____	Date: _____	
	Print name & signature		DDMMYYYY

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Section E: External Deviation Waiver Approval If pressure boundary as per D2 and disposition is accept as-is or rework/repair, Section E2 must be completed by the AI or ANI as is applicable. Include additional Section E's as required.		
Section E1	Authorized Customer Representative comments:	
(Customer)	<input type="checkbox"/> Request approved <input type="checkbox"/> Request approved as noted <input type="checkbox"/> Request rejected	
	_____	_____ Date: _____
	Print name/signature	Title / Organization DDMMYYYY
Section E2	Authorized Inspector or Authorized Nuclear Inspector comments:	
(AI/ANI)	<input type="checkbox"/> Request approved <input type="checkbox"/> Request approved as noted <input type="checkbox"/> Request rejected	
	_____	_____ Date: _____
	Print name/signature	Title / Organization DDMMYYYY

Section F: Verification of Repair/Rework If pressure boundary as per D2 and disposition is accept as-is or rework/repair, Section F2 must be completed by the AI or ANI as is applicable. Include additional Section F's as required.	
Section F1	Surveillance has been performed to ensure that the requirements of this request have been met (as applicable per D4)
(ATS QA)	Comments:
	_____ Date: _____
	Print name & signature DDMMYYYY
Section F2	Authorized Inspector or Authorized Nuclear Inspector Verification Complete:
(AI/ANI)	Comments:
	_____ Date: _____
	Print name &signature Title / Organization DDMMYYYY