## **Request for Deviation Waiver**



Section A,B,C	: Deviati	on Request Informa	ation	where as noted						
Type:	by the person / organization requesting the deviation, except where as noted.  Sub-Supplier to ATS ATS to External:									
Section A (Supplier)		er Full Name ddress:		Applicable Purch No.:	Applicable Purchase Order No.:					
(Биррист)	Buyer's Name (Ref Purchase Order)			Total Quantity of	Total Quantity on this PO:					
		of part		Affected Quantit	Affected Quantity on this DW:					
	Part / l	Drawing No. of fected:		# (if applicable):	ATS Deviation DW#: Waiver# and NCR # (if applicable): (by ATS)  NCR#:					
	Serial	No.:		ATS Project #: (by ATS)						
Section B	Deviat	Deviation affects: Description of non-conformance and proposed action to disposition:								
(Supplier )		Finish								
		Process								
	Reque	Requested by:								
			int name & signature			Date:				
	-	Pri	Title REPANCY details	Title DDMMMYYYY  'details ATS DISPOSITION						
	ITEM	FILE NAME OF MARKED	DISCF	NEPAINCT details	r details		(by ATS)			
	NO	UP ATTACHMENT	DWG OR SPECIFICATION REQUIREMENT	ACTUAL READING	QTY	ACCEPT AS IS	REPAIR*	SCRAP		
	COMMEN	its								
		ROOT CAUSE OF DISCREPANCIES NOTE: ROOT CAUSE TO BE IDENTIFIED FOR EACH DISCREPANCY								

## **Request for Deviation Waiver**



ction C Supplier QA Comments (if assigned):			
upplier Date:			
A) Print name & signature title DDMMMYYYY			
ction D: ATS Deviation Waiver Approval be completed by ATS.			
ction D1 ATS Supply Chain comments:			
inpply ain)  Request approved Request approved as noted Request rejected Date:			
Print name & signature title DDMMMYYYY	•		
ction D2 ATS Engineering Resolution / Justification:			
The deviation affects:  Design Safety Interchangeability Performance Reliability Shelf life Contract price Pressure boundary (B51 / N285)			
Request approved Request approved as noted Request rejected			
Date:			
Print name & signature title DDMMMYYYY			
ction D3 ATS Project Manager comments:			
roject anager) Request approved Request approved as noted Request rejected			
Print name & signature  Date:  DDMMMYYYY	-		
ction D4 ATS QA: ATS source surveillance of the repair work performed: is required			
(see Section F for verification) is not required			
A) Date:			
Print name & signature DDMMMYYYY	DDMMMYYYY		

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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)	Request approved	Request approved as noted	Request rejected						
			Date:						
	Print name/signature	Title / Organization	DDMMMYYYY						
Section E2	Authorized Inspector or Authorized Nuclear Inspector comments:								
(AI/ANI)	Request approved	Request approved as noted	Request rejected						
			Date:						
	Print name/signature	Title / Organization	DDMMMYYYY						
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	DDMMMYYYY						
Section F2	Authorized Inspector or Authorized	Nuclear Inspector Verification Complete	:						
(AI/ANI)	Comments:								
		Date	:						
	Print name &signature	Title / Organization	DDMMMYYYY						