**Instructions for completing form:**

1. Download the Supplier Request for Deviation form (F-018) and enter the following required information.
   1. Date of Request
   2. Part Name
   3. Part Number (Cubic or Manufacturer’s)
   4. Part Revision
   5. Serial Number(s), if applicable (may use attachment)
   6. Supplier name, Vendor ID, address, and contact information (email/phone for SRD request)
   7. Cubic Purchase Order number and line item(s)
   8. Cubic Buyer Name
   9. Quantity of affected parts (supplier information)
   10. State actual non-conformance requirement for which requesting deviation (e.g. dimension, test requirement, etc.)
   11. State actual condition of the product submitted for each nonconformance listed
   12. State the Root Cause of the deviation to the requirement(s)
   13. Action taken / to be taken to eliminate the root cause(s)
   14. Suggested/requested disposition for each listed defect with appropriate description.
       * For “Use-As-Is” dispositions, a justification shall be provided that addresses all requirements for the part/assembly, including possible impact to function, assembly, reliability, maintainability, and testability, as a minimum
       * For “Repair” dispositions, these requirements must be addressed as well as providing a detailed description of the repair process.
   15. Cubic response and Quality Notification (QN) reference number and approval signature(s)

Note: Submit a separate SRD per part number. If submitted for more than one discrepancy, ensure parts are identified.

2) E-mail the form to the appropriate Cubic Buyer as identified on the Cubic Purchase Order

3) Upon receipt of a Cubic response to the SRD, enter the assigned Cubic QN number (section n) if authorization to ship. Failure to do so may result in the creation of an additional Nonconformance Tag which will adversely affect your supplier rating.

**SUPPLIER REQUEST FOR DEVIATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| a. DATE | | b. Part Name | | | c. Part No | | | d. Rev | | | e. S/N | | f. Supplier Name, Vendor ID, Address, CONTACT | |
| g. PO/Line Item | | | h. Buyer | | i. Quantity | | | | | | | |
| Ordered | Inspected | | | | Rejected | | |
| ITEM | j. SPECIFICATION/REQUIREMENT | | | | | | QTY | | k. ACTUAL OR REQUESTED CONDITION | | | | | |
| 1. |  | | | | | |  | |  | | | | | |
| 2. |  | | | | | |  | |  | | | | | |
| 3. |  | | | | | |  | |  | | | | | |
| 4. |  | | | | | |  | |  | | | | | |
| 5. |  | | | | | |  | |  | | | | | |
|  |  | | | | | |  | |  | | | | | |
| ITEM | l. ROOT CAUSE OF DISCREPANCY | | | | | | ITEM | | m. CORRECTIVE ACTION | | | | | |
| 1 |  | | | | | |  | |  | | | | | |
| 2 |  | | | | | |  | |  | | | | | |
| 3 |  | | | | | |  | |  | | | | | |
| 4 |  | | | | | |  | |  | | | | | |
| 5 |  | | | | | |  | |  | | | | | |
|  |  | | | | | |  | |  | | | | | |
| ITEM | n. CUBIC DISPOSITION AND SIGN-OFF | | | | | | | | | | | o. SAP QN | | |
| 1 |  | | | | | | | | | | | USE-AS-IS | | |
| 2 |  | | | | | | | | | | |
| 3 |  | | | | | | | | | | | REPAIR | | |
| 4 |  | | | | | | | | | | |
| 5 |  | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | |  | | |
| **MANUFACTURING ENG** | | | | **QUALITY REPRESENTATIVE** | | | **PURCHASING REPRENTATIVE** | | | | | | | **MATERIAL CONTROL MANAGER** |
| **DATE:** | | | | **DATE:** | | | **DATE:** | | | | | | | **DATE:** |