

Supplier name:	
Phone # and email:	
Date submitted:	
Product name:	
Part number # / Revision:	
Valid for Purchase order #/Number of parts#/ Timeframe#:	
Description of defect <i>(Detail the reasons for the deviation approval request e.g dimension. Attach photos if available.)</i>	
Root Cause <i>(Describe the cause of the problem)</i>	
Corrective Action <i>(Describe what actions you intend to take to avoid recurrence)</i>	
Motivation <i>(Give motivation as to why Nibe should accept the deviation)</i>	
Requester Name/sign:	Date requested:

Section below to be filled out by Nibe	
Safety component? Yes <input type="checkbox"/>	
Received by SQA(Name):	Date received:
Approvals	
Deviation approved <input type="checkbox"/>	Deviation Not Approved <input type="checkbox"/>
Technical responsible: Signature Technical responsible	Date
Responsible QM : Signature QM	Date
Nibe reg #: (YYYY-XX)	

Copy of this deviation approval shall be attached on each of the pallet/box included in this deviation approval.

Information om mall.				
Mallägare: Helene Olsson	Giltig från: 2022-05-03	Granskad av: Lisbeth Hylander	Revision: 2	ID: 114