



Ames
Research
Center

QUALITY SYSTEM REQUEST FOR DEVIATION/WAIVER

Deviation/Waiver Number
(assigned by CWCARC)

1. Organization

a. Project or Task Name

b. Subsystem or Work Package

2. Request for **Deviation** **Waiver**

3. Documents Affected

Number	Revision	Title

4. Describe Deviation/Waiver Requested (provide a brief description, identify specific requirements or codes affected, and attach any drawings/sketches)

5. Deviation/Waiver Justification (include effect on cost, schedule, performance, etc.)

6a. Requestor	6b. Org.	6c. E-Mail
6d. Responsible Manager Signature	6e. Phone	6f. Date

7. Approval Required	Activity	Approval Signature	Date
<input type="checkbox"/> Yes <input type="checkbox"/> No	Responsible Manager		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Program/Project Manager		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Code Q Director		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Customer		
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No			