

# ZODIAC AERO EVACUATION SYSTEMS

Zodiac Aerosafety | Evacuation Systems Division



## DEVIATION/CONCESSION APPROVAL FORM

SUPPLIER: _____		P/N: _____ Rev#: _____	DEVIATION/ CONCESSION NO: _____
ADDRESS: _____		DESCRIPTION: _____	P. O.: _____
PHONE: _____		Qty. Affected: _____	Qty. on Order: _____
S/N/Lot#: _____			
<u>DESCRIPTION OF DISCREPANCY:</u>			ZAES/ACC MRB (Do Not Write in this Box)
<u>ROOT CAUSE:</u>			
<u>CORRECTIVE ACTION TAKEN:</u>			ZAES/ACC ENGR. DEPT.    DATE
<u>VENDOR MANUFACTURING:</u>		<u>VENDOR QA:</u>	ZAES/ACC QA DEPT.    DATE
NAME: _____		NAME: _____	
TITLE: _____ DATE: _____		TITLE: _____ DATE: _____	
E-MAIL: _____		E-MAIL: _____	