

## Deviation Request and Approval (DRA)

Date:		DRA no.: <i>(To be filled in by Klippan Safety):</i>	
Part no:		Part name:	
Drawing:	Revision:	Supplier:	Supplier Part no:
<b>Deviation request <i>(To be filled in by Supplier)</i></b>			
Deviation:			
Reason:			
Parts affected:			
Validity period/Qty.		Req. by:	
<b>Investigation/Approval <i>(To be filled in by Customer/Klippan Safety)</i></b>			
Comments:			
Actions:			
Exceptions:			
Approved      Yes <input type="checkbox"/>		No <input type="checkbox"/>	
		Date:	
Signature Responsible (R&D):			
Distribution: <input type="checkbox"/> Quality <input type="checkbox"/> Production <input type="checkbox"/> Purchase <input type="checkbox"/> Customer			