



# REQUEST FOR WAIVER OR DEVIATION

SCAN AND EMAIL COMPLETED FORM TO QUALITY@LIGO.CALTECH.EDU  
NOTE: DO NOT SUBMIT DISCREPANT MATERIAL UNTIL AUTHORIZED BY LIGO

PART NO.	REV.	PART NAME	P.O. NO.	P.O. QTY: DISCREPANT QTY:
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SUPPLIER: CONTACT:	TEL #: EMAIL:	DATE:
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**DESCRIPTION OF REQUEST** (PLEASE GIVE COMPLETE TECHNICAL DESCRIPTION OF DEVIATION, REFERENCING DRAWING ZONE AS APPROPRIATE)

ROOT CAUSE	CORRECTIVE ACTION
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SIGNATURE	TITLE	IMPLEMENTATION DATE:
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ACTION TAKEN / DISPOSITION INSTRUCTION (FOR LIGO USE ONLY)	DATE RECEIVED	
	PROGRAM	
	QUALITY ASSURANCE	DATE
	DESIGN ENGINEER	DATE
	OTHER	DATE