SPALLATION NEUTRON SOURCE



SUBCONTRACT DEVIATION REQUEST (SDR) FORM

DEVIATION REQU	ESTED AFTER WORK PERFORMED):				
DEVIATION No:	DIVISION:		PAGE 1 OF			
DEVIATION REQUES	TITLE:	PROGRAM:				
ITEM/ACTIVITY NAME:		SPECIFICATION/PROCEDURE:				
DRAWING NO:	SHOP ORD	ER:	SUBCONTRACT / PO No.			
DESCRIPTION OF DEVIATION						
	<u> 103</u>	TIFICATION AND	LIMITATIONS			
Requested by:		Title:		Date:		
Drawing/Document is	to be revised (if yes, list):					
	נט שב וביושבע (וו שלש, וושנן.					
The Items Below on this page to be completed only by the SNS Project Personnel:						
Approved by: (As Appropriate)	Level 3 Manager:	Date:	Project Engineer:	Date:		
	Lead Engineer:	Date:	STL or Designee:	Date:		
	QA Representative:	Date:	Other:	Date:		

SPALLATION NEUTRON SOURCE



SUBCONTRACT DEVIATION REQUEST (SDR) FORM

(Continuation Sheet)

DEVIATION No):
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OF

DESCRIPTION of DEVIATION / JUSTIFICATION AND LIMITATIONS (CONTINUED)

PAGE