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| **REQUEST FOR DEVIATION / WAIVER (RFD/RFW)**  All fields must be filled out. Enter N/A if not applicable. Include any documents referenced. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. DATE *(yyyymmdd)* | | | 2. SUPPLIER CHANGE NUMBER | | | | | | | | | | | | | 3. DODAAC | | | | | | | | | | | |
| 4. ORIGINATOR | | | |  | | | | | | | | | | | | 5. *(Check One)* | | | | | | | | | | | |
| a. TYPED NAME *(First, Last)* | | | | b. ADDRESS (Street, City, State, Zip Code) | | | | | | | | | | | |  | | DEVIATION | | | | |  | | WAIVER | | |
|  | | | |  | | | | | | | | | | | | 6. *(Check One)* | | | | | |  | | MINOR | | | |
|  | | | |  | | | | | | | | | | | |  | | MAJOR | | | |  | | CRITICAL | | | |
| 7. DESIGNATION FOR DEVIation / waiver | | | | | | | | 8. baseline affected | | | | | | | | 9. other system/configu- | | | | | | | | | | | |
| a. MODEL/TYPE | b. CAGE CODE | c. SYS. DESIG. | | | | d. DEVIATION/WAIVER NO. | | FUNCTIONAL | | | | ALLOCATED | | | | RATION ITEMS AFFECTED | | | | | | | | | | | |
|  |  |  | | | |  | | PRODUCT | | | | | | | |  | | | | YES | |  | | | | | NO |
| 1. TITLE OF DEVIATION/WAIVER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. CONTRACT NO. OR PURCHASE ORDER | | | | | | | 12. SIKORSKY PURCHASING CONTACT  NAME *(First, Last)* | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 13. CONFIGURATION ITEM NOMENCLATURE | | | | | | | 14. CLASSIFICATION OF DEFECT | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | a. CD NO. | | | b. DEFECT NO. | | | c. DEFECT CLASSIFICATION | | | | | | | | | | | | | | |
|  | | | | | | |  | | |  | | |  | | MINOR | |  | | | MAJOR | | |  | | | CRITICAL | |
| 15. Sikorsky Part Nomenclature | | | | | | | | | 16a. Sikorsky PART NO. OR TYPE DESIGNATION    16B. Supplier PART NO. OR TYPE DESIGNATION | | | | | | | | | | | | | | | | | | |
| 17. EFFECTIVITY | | | | | | | | | | | 18. RECURRING DEVIATION/WAIVER | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | YES | | |  | | NO | | | | | | |
| 19. EFFECT ON COST / PRICE | | | | | | | 20. EFFECT ON DELIVERY SCHEDULE | | | | | | | | | | | | | | | | | | | | |
| 21. EFFECT ON performance, function, reliability, durability, INTEGRATED LOGISTICS SUPPORT, INTERFACE OR SOFTWARE | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **DESCRIPTION OF DEVIATION/WAIVER** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23. need for DEVIATION/WAIVER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24. corrective action taken | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25. submitting activity | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. TYPED NAME (*First, Last)* | | | | | b. TITLE | | | | | | | | | c. SIGNATURE | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | |  | | | | | | | | | | | | | |
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These instructions do not need to be included when submitting the form.

The SA1410 form and its instructions are modified replications of DD Form 1694 and the Mil-Std-973 Appendix E’s instructions. This content is used directly from the DD1694 and the Mil-Std-973 to ensure consistency with the original DD1694 form’s format. **All sections must be filled out. If not applicable, enter N/A.**

**Request for deviation.** The contractor shall request a deviation when, prior to manufacture, it is necessary to depart temporarily from the applicable approved configuration documentation for a specific quantity of deliverable units. Normally, for the unit(s) affected, the different configuration will be permanent. (See Mil-Std-973 5.4.3)

**Request for waiver.** The contractor shall request a waiver when, during or after manufacture, the contractor desires authorization to deliver nonconforming items which do not comply with the applicable technical requirements. For the unit(s) affected, the different configuration will normally be permanent. (See Mil-Std-973 5.4.4)

Block 1. Date. Enter the submittal date.

Block 2. Supplier Change number. Enter the change number.

Block 3. DODAAC. Enter the DODAAC of the procuring activity (if known).

Block 4. Originator name and address. Enter the name and address of the supplier submitting the request. Use Block 4a for the supplier name (inclusion of submitting individual's name is optional). Use Block 4b for the address.

Block 5. Deviation or waiver. Enter an "X" in the appropriate box.

Block 6. Classification. The request shall be designated minor, major, or critical in accordance with the definitions in Mil-Std-973 5.4.3.3 or 5.4.4.3 (shown below) by entering an "X" in the appropriate box.

Critical. Use this classification when it is a departure from requirements affecting one or more of the following:

(1) safety

(2) human health

(3) environment, and

(4) security (local program or national).

Major. Use this classification when it is a departure from requirements affecting one or more of the following:

(1) performance or operational limits,

(2) interchangeability, reliability, survivability, maintainability,

or durability of the item or its repair parts,

(3) structural strength,

(4) effective use or operation,

(5) weight, moment, center of gravity

(6) appearance,

(7) limits on product use or operation,

(8) temporary use of alternate items, or

(9) when the configuration documentation defining the requirements for the item classifies the departure from the requirement as major.

Minor. Use this classification when it consists of a departure which does not involve any of the factors listed for critical or major or when the configuration documentation defining the requirements for the item classifies the departure from the requirement as minor. Note: Departures from the requirements that do not meet the definition of critical or major and are not classified in any configuration documentation (i.e. unlisted characteristic) are treated as minor.

Block 7. Designation for deviation/waiver.

Block 7a. Model/Type. Enter model or type designation of the CI for which this request is being submitted. For CSCIs, enter the CSCI identification number.

Block 7b. CAGE Code. Enter the CAGE Code for the activity originating the deviation/waiver.

Block 7c. System Designation. The system or top level CI designation or nomenclature shall be entered, if known.

Block 7d. Deviation/Waiver number. Deviation/waiver identification numbers shall be unique for each CAGE Code identified activity. Contractors shall include the letter "D" as part of the deviation number or the letter "W" as part of the waiver number. Once a number is assigned, that number shall be retained for all subsequent submissions. Deviations and waivers shall be separately and consecutively numbered commencing with number one. As an alternative, numbers may be assigned from a separate series for each system that the contractor is producing. The number of characters in the deviation/waiver number, dash number, and type identification shall not exceed 15.

Block 8. Configuration baseline affected. Check the applicable box for the affected baseline.

*Functional Baseline*: The initially approved documentation describing a system’s or item’s functional, interoperability, and interface characteristics and the verification required to demonstrate the achievement of those specified characteristics.

*Allocated Baseline*: The initially approved documentation describing an item’s functional, interoperability, and interface characteristics that are: allocated from those of a system or higher level CI; interface requirements with interfacing CI’s; additional design constraints; verification required to demonstrate the achievement of those specified characteristics.

*Product Baseline*: The initially approved documentation describing all of the necessary functional and physical characteristics of the CI, selected functional and physical characteristics designated for production acceptance testing, tests necessary for support of the CI, or the actual equipment or software.

Block 9. Other system/configuration items affected. Check applicable box. If yes, provide summary data in Block 20.

Block 10. Title of deviation/waiver. Enter a brief descriptive title.

Block 11. Contract Number or Purchase Order. Enter the complete contract number or purchase order this change is applicable to.

Block 12. Sikorsky Purchasing Contact. Enter the procuring contracting officer's name applicable to the CI shown in Block 15.

Block 13. Configuration item nomenclature. Enter the assigned name and type designation, if applicable, or authorized name and number of the CI to which the deviation or waiver will apply.

Block 14. Classification of Defect (CD).

Block 14a. CD number. If a contractor's CD applies, enter the number assigned.

Block 14b. Defect number. If a CD applies, enter the defect number(s) which correspond(s) with the characteristic(s) from which an authorized deviation or waiver is desired.

Block 14c. Defect classification. If a CD applies check the box which states the proper classification (definitions located under Block 6 instructions) of the defect number(s) entered in Block 14b.

Block 15. Part Nomenclature. An appropriate descriptive name of the part(s) shall be given here without resorting to such terms as "Numerous bits and pieces".

Block 16a. Sikorsky part number or type designation. Enter the Sikorsky part number(s) of the part(s) named in Block 15 or type designation/nomenclature if applicable.

Block 16b. Supplier part number or type designation. Enter the Supplier part number(s) of the part(s) named in Block 15 or type designation/nomenclature if applicable.

Block 17. Effectivity. Define the effectivity of the proposed deviation or waiver by entering, as applicable, the quantity of items affected, the serial numbers of the items affected, or the lot number(s) affected.

Block 18. Recurring deviation/waiver. Show whether the same request has been requested and approved previously by placing an "X" in the proper box. If "yes," reference the previous correspondence, the request number, and corrective action to be taken in Block 24. In addition, if yes, provide rationale why recurrence was not prevented by previous corrective action and/or accomplished design change.

Block 19. Effect on cost/price. Enter the estimated reduction or price adjustment. If no change in price, cost, or fee, so state with rationale. The request for deviation or waiver shall include the specific consideration that will be provided to the customer if this "non-conforming" unit(s) (See FAR Part 46.407) is accepted by the customer.

Block 20. Effect on delivery schedule. State the effects on the contract delivery schedule that will result from both approval and disapproval of the request.

Block 21. Effect on integrated logistics support, interface, or software. If there is no effect on logistics support or the interface, enter the words, "No effect". If the deviation or waiver will have an impact on logistics support or the interface, describe such effects on an attachment and reference the attachment in this block.

Block 22. Description of deviation/waiver. Describe the nature of the proposed departure from the technical requirements of the configuration documentation. Describe the effect on any factors. Marked drawings should be included when necessary to provide a better understanding of the deviation or waiver.

Block 23. Need for deviation/waiver. Explain why it is impossible or unreasonable to comply with the configuration documentation within the specified delivery schedule. Also, explain why a deviation or waiver is proposed in lieu of a permanent design change.

Block 24. Corrective action taken. Describe action being taken to correct non-conformance to prevent a future recurrence.

Block 25. Submitting activity authorized signature. An authorized official of the activity entered in Block 4 shall sign in this block and enter title. Typed is acceptable.