

## REQUEST FOR WAIVER OR DEVIATION (RFWD)

|                          |                                |     |                |
|--------------------------|--------------------------------|-----|----------------|
| 1.                       | REQUEST TYPE                   | 2.  | SHEET of       |
| <input type="checkbox"/> | DEVIATION (Supplier Initiated) | 3a. | NUMBER         |
| <input type="checkbox"/> | WAIVER (Supplier Initiated)    | 3b. | SAP DMS NUMBER |
| <input type="checkbox"/> | CHANGE (CNS Initiated)         |     |                |

|                                                       |                                |                                                                         |                                         |
|-------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------|-----------------------------------------|
| 4. APPLICABLE RFWD NUMBER(S) [REVISED OR SUPERSEDED]: |                                |                                                                         |                                         |
| 5. SUPPLIER                                           | 6. P.O. ITEM NO.               | 7. PROGRAM/PROJECT                                                      | 8. DOCUMENT NO./REV.                    |
| 9. COMPONENT NAME                                     | 10. PART OR IDENTIFYING NO.    | 11. <input type="checkbox"/> SERIAL or <input type="checkbox"/> LOT NO. | 12. LOT SIZE                            |
| 13. SPEC. REF. NO.                                    | 14. SPECIFICATION REQUIREMENTS | 15. DESCRIPTION OF WAIVER/DEVIATION/CHANGE                              | 16. SUPPLIER PLAN FOR CORRECTIVE ACTION |
| 1)                                                    |                                |                                                                         |                                         |
| 2)                                                    |                                |                                                                         |                                         |
| 3)                                                    |                                |                                                                         |                                         |
| 4)                                                    |                                |                                                                         |                                         |

|                                                   |           |             |          |
|---------------------------------------------------|-----------|-------------|----------|
| 17. INITIATING ENTITY REPRESENTATIVE (print/sign) | 18. TITLE | 19. COMPANY | 20. DATE |
|---------------------------------------------------|-----------|-------------|----------|

| RESPONDING ENTITY EVALUATION (TO BE COMPLETED BY RESPONDING ENTITY EVALUATION) |                        |               |      |                                                                 |
|--------------------------------------------------------------------------------|------------------------|---------------|------|-----------------------------------------------------------------|
| 21. SPEC. REF. NO.                                                             | 22 EVALUATION COMMENTS | 23. EVALUATOR |      | 24. RECOMMENDED DISPOSITION                                     |
|                                                                                |                        | PRINT/SIGN    | DATE |                                                                 |
| 1)                                                                             |                        |               |      | <input type="checkbox"/> ACCEPT <input type="checkbox"/> REJECT |
| 2)                                                                             |                        |               |      | <input type="checkbox"/> ACCEPT <input type="checkbox"/> REJECT |
| 3)                                                                             |                        |               |      | <input type="checkbox"/> ACCEPT <input type="checkbox"/> REJECT |
| 4)                                                                             |                        |               |      | <input type="checkbox"/> ACCEPT <input type="checkbox"/> REJECT |

|                                                                                                                                                                                                                     |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 25. ARE DESIGN DRAWING(S), SPECIFICATION(S), DATA SHEET(S), INSPECTION PLAN(S), OR SURVEILLANCE PLAN(S), ETC. CHANGES REQUIRED?<br>IF YES, LIST DOCUMENTS REQUIRING CHANGES (TO BE COMPLETED BY CNS REPRESENTATIVE) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|

## REQUEST FOR WAIVER OR DEVIATION (RFWD) CONTINUATION

|                          |                                |     |                   |
|--------------------------|--------------------------------|-----|-------------------|
| 1.                       | REQUEST TYPE                   | 2.  | SHEET          of |
| <input type="checkbox"/> | DEVIATION (Supplier Initiated) | 3a. | NUMBER            |
| <input type="checkbox"/> | WAIVER (Supplier Initiated)    | 3b. | SAP DMS NUMBER    |
| <input type="checkbox"/> | CHANGE (CNS Initiated)         |     |                   |

|                                                       |                                |                                            |                                         |
|-------------------------------------------------------|--------------------------------|--------------------------------------------|-----------------------------------------|
| 4. APPLICABLE RFWD NUMBER(S) [REVISED OR SUPERSEDED]: |                                |                                            |                                         |
| 5. SUPPLIER                                           | 6. P.O. ITEM NO.               | 7. PROGRAM/PROJECT                         | 8. DOCUMENT NO./REV.                    |
| 9. COMPONENT NAME                                     | 10. PART OR IDENTIFYING NO.    | 11. SERIAL          or          LOT NO.    | 12. LOT SIZE                            |
| 13. SPEC. REF. NO.                                    | 14. SPECIFICATION REQUIREMENTS | 15. DESCRIPTION OF WAIVER/DEVIATION/CHANGE | 16. SUPPLIER PLAN FOR CORRECTIVE ACTION |
| 5)                                                    |                                |                                            |                                         |
| 6)                                                    |                                |                                            |                                         |
| 7)                                                    |                                |                                            |                                         |
| 8)                                                    |                                |                                            |                                         |

|                                                   |           |             |          |
|---------------------------------------------------|-----------|-------------|----------|
| 17. INITIATING ENTITY REPRESENTATIVE (print/sign) | 18. TITLE | 19. COMPANY | 20. DATE |
|---------------------------------------------------|-----------|-------------|----------|

| RESPONDING ENTITY EVALUATION (TO BE COMPLETED BY RESPONDING ENTITY EVALUATION) |                        |               |      |                                                                 |
|--------------------------------------------------------------------------------|------------------------|---------------|------|-----------------------------------------------------------------|
| 21. SPEC. REF. NO.                                                             | 22 EVALUATION COMMENTS | 23. EVALUATOR |      | 24. RECOMMENDED DISPOSITION                                     |
|                                                                                |                        | PRINT/SIGN    | DATE |                                                                 |
| 5)                                                                             |                        |               |      | <input type="checkbox"/> ACCEPT <input type="checkbox"/> REJECT |
| 6)                                                                             |                        |               |      | <input type="checkbox"/> ACCEPT <input type="checkbox"/> REJECT |
| 7)                                                                             |                        |               |      | <input type="checkbox"/> ACCEPT <input type="checkbox"/> REJECT |
| 8)                                                                             |                        |               |      | <input type="checkbox"/> ACCEPT <input type="checkbox"/> REJECT |

|                                                                                                                                                                                                                     |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 25. ARE DESIGN DRAWING(S), SPECIFICATION(S), DATA SHEET(S), INSPECTION PLAN(S), OR SURVEILLANCE PLAN(S), ETC. CHANGES REQUIRED?<br>IF YES, LIST DOCUMENTS REQUIRING CHANGES (TO BE COMPLETED BY CNS REPRESENTATIVE) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|                                                                                                                                                                                                                     |                              |                             |

# REQUEST FOR WAIVER OR DEVIATION (RFWD)

SAP DMS NUMBER

SHEET of

27. IS A CHANGE CONTROL PROCESS INVOKED? ☐ YES ☐ NO

If yes and controls are needed to prevent use of the SSC prior to placing or returning the item/system to service, identify the controls put in place:

| APPROVALS (CNS Approvals Require Same Affected Functions/Organizations Approval As Original Document) |                       |          |                                             |                                   |
|-------------------------------------------------------------------------------------------------------|-----------------------|----------|---------------------------------------------|-----------------------------------|
| 28. ENTITY                                                                                            | 29. NAME (print/sign) | 30. DATE | 31. APPROVE/REJECT RECOMMENDED DISPOSITIONS |                                   |
|                                                                                                       |                       |          | <input type="checkbox"/> APPROVED           | <input type="checkbox"/> REJECTED |
|                                                                                                       |                       |          | <input type="checkbox"/> APPROVED           | <input type="checkbox"/> REJECTED |
|                                                                                                       |                       |          | <input type="checkbox"/> APPROVED           | <input type="checkbox"/> REJECTED |
|                                                                                                       |                       |          | <input type="checkbox"/> APPROVED           | <input type="checkbox"/> REJECTED |
|                                                                                                       |                       |          | <input type="checkbox"/> APPROVED           | <input type="checkbox"/> REJECTED |
|                                                                                                       |                       |          | <input type="checkbox"/> APPROVED           | <input type="checkbox"/> REJECTED |
|                                                                                                       |                       |          | <input type="checkbox"/> APPROVED           | <input type="checkbox"/> REJECTED |
|                                                                                                       |                       |          | <input type="checkbox"/> APPROVED           | <input type="checkbox"/> REJECTED |
|                                                                                                       |                       |          | <input type="checkbox"/> APPROVED           | <input type="checkbox"/> REJECTED |
|                                                                                                       |                       |          | <input type="checkbox"/> APPROVED           | <input type="checkbox"/> REJECTED |

**NOTE: Ensure Subcontract Administrator in Supply Chain Management receives a copy of the approved RFWD.**

## REQUEST FOR WAIVER OR DEVIATION (RFWD)

### INITIATING ENTITY

The following fields are to be completed by the INITIATING ENTITY. The purpose of Block No. 1 through 21 is the identification of the Waiver/Deviation/Change. For Waivers and Deviations, the Initiating Entity is the Supplier. For Changes, the initiating Entity is CNS.

1. **REQUEST TYPE** – Check the appropriate block:
  - DEVIATION (Supplier initiated, prior to production)
  - WAIVER (Supplier initiated, during or after production)
  - CHANGE (CNS initiated, after award of contract)
2. **SHEET/FORM PAGES** – Complete Page of Page(s), including any attachments or supporting documents. Each page's Sheet/Form block must be completed (i.e., Page 1 of 2; Page 2 of 2; Page 3 of 3; Pages 10 of 10, etc.).
3. **a. NUMBER** – An identifying, sequential numbering system acceptable to supplier and CNS (e.g., Purchase Order [PO] Number + sequential number – [examples 430001234-1, 430001234-2, etc.]. The original RFWD number is not to be revised. If a RFWD is to be changed, issue a new RFWD number and reference the previous RFWD number(s), as applicable, in Section 4 of the new RFWD.
3. **b. SAP DMS NUMBER** – For use by Company (CNS) only, if applicable. This is an Engineer Change Number that is generated by SAP DMS. Include the P.O. Number, Supplier Name, short description of the RFWD, and other identifying information in the description text box in SAP DMS (for search and retrieval purposes).
4. **APPLICABLE RFWD NUMBER(S) [REVISED OR SUPERSEDED]** – Reference all other applicable RFWDs that are related to this RFWD.
5. **SUPPLIER** – Supplier Name associated with the Waiver, Deviation, or Change.
6. **PURCHASE ORDER (P.O.) ITEM NUMBER** – From the CNS issued P.O., reference the item number within the P.O.
7. **PROGRAM/PROJECT** – program or project name, if applicable.
8. **DOCUMENT NUMBER and REVISION** – Drawing or Specification Number and Revision.
9. **COMPONENT NAME** – Take Name from CNS design document(s).
10. **PART OR IDENTIFYING NUMBER** – Part Name or unique reference number.
11. **SERIAL OR LOT NUMBER** – Check the appropriate box and enter the Serial Number or Lot Number, if applicable.
12. **LOT SIZE** – Total quantity of parts affected by the WAIVER/DEVIATION/CHANGE.
13. **SPECIFICATION REFERENCE NUMBER** – Paragraph number or drawing reference/location of characteristics(s) to be waived/deviated/changed (each characteristic requires individual line).
14. **SPECIFICATION REQUIREMENT** – Requirement(s) extracted from the specification/drawing.
15. **DESCRIPTION OF WAIVER/DEVIATION/CHANGE** – Written explanation of what characteristic is to be waived/deviation/change (e.g., technical or material requirement is violated, requirement in supplier document is violated, nonconformance cannot be corrected by continuing the original process or rework, item does not conform to the original requirement, but can be corrected by continuing the original process or rework, item does not conform to the original requirement, but can be restored to condition that it will function unimpaired, CNS is directing the Supplier to make a change to what is specified in the contract document(s), etc).
16. **SUPPLIER PLAN FOR CORRECTIVE ACTION** – Written explanation of corrective action(s) taken or planned to address each waiver/deviation characteristic identified which may include disposition recommendations such as accept/use-as-is, rework to specification, repair to usable condition, return to vendor, reject/scrap, etc., if applicable. This block does not apply to CNS initiated changes. (NOTE: If more SPEC. REF. Nos are needed, a TAB key at the last entry of Block No. 15 will insert an additional line, else “mouse click” to Block No. 16).

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17. **INITIATING ENTITY REPRESENTATIVE** – Name (print/signature) of the authorized representative of the initiator (Supplier or CNS) submitting the Waiver/Deviation/Change.
18. **TITLE** – Title of the Initiating Entity Representative from Block No. 16.
19. **COMPANY** – Company affiliation of the Initiator (CNS or Supplier).
20. **DATE** – Date Waiver/Deviation/Change initiated.

### Responding Entity Evaluation

The following fields are to be completed by the RESPONDING ENTITY EVALUATOR. The purpose of Block 21 through 24 is the evaluation of the proposed Waiver/Deviation/Change. For Waivers and Deviations, the Responding Entity is CNS. For Changes, the Responding Entity is the Supplier.

21. **SPECIFICATION REFERENCE NUMBER** – Item(s) transposed from Block No. 13 above, to be evaluated.
22. **EVALUATION COMMENTS** – Written evaluation of each Waiver/Deviation/Change requested by the Initiating Entity.
23. **EVALUATOR/DATE** – Name (print/signature) of the Evaluator for the responding Entity and the Date of the evaluation. The Evaluator is one who is technically qualified to evaluate the proposed Waiver/Deviation/Change.
24. **RECOMMENDED DISPOSITION** – Based on the evaluation and the comments provided in Block 22, the Evaluator's recommendation to either Accept or Reject each Waiver/Deviation/Change Item. For Waivers and Deviations, this represents the CNS Evaluator's intended recommendation to other CNS functions/organizations for acceptance or rejection of each proposed waived/deviated item. For Changes, this represents the Supplier's intended acceptance or rejection of each proposed change initiated by CNS.

### CNS Representative

25. **ARE DESIGN DRAWINGS(S), SPECIFICATIONS, OR DATA SHEET(S) CHANGES REQUIRED?** ☐ Yes ☐ No  
If yes, list documents requiring changes to be updated (to be completed by CNS Representative). (Ensure inspections plans/surveillances are updated in a timely fashion to incorporate any changes to inspections and future surveillances, etc.).
26. **DC/UCNI-RO SIGNATURE AND DATE** – This is for Company (CNS) use only.
27. **IS A CHANGE CONTROL PROCESS INVOKED?** – If a change control process is invoked, controls may be needed to prevent the use of the SSC until the change control documents have been approved. This is to prevent the SSC from entering a facility prior to change documents being completed that would approve placing or returning the SSC to service.  
Such controls may include:
  - Hold at vendor until the appropriate change documents have been approved,
  - Modify the PO to add special inspection at receipt, if not already included in the P.O., or
  - Work with Supplier Quality to hold the SSCs at Y-12 Receiving or other appropriate location until the appropriate change documents have been approved.

### Approvals

CNS approvals require the same affected functions/organizational approval as the original document (Applicability is determined by the original document approvals and the governing document procedures). The Technical Representative is responsible for identifying and obtaining the appropriate approvals and processing the RFWD form.

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28. **ENTITY** – The required list of approvers may include:

- CNS Customer/Program Manager (i.e., end user)
- CNS Technical Representative
- CNS Design Authority Representative, as applicable (otherwise, N/A)
- CNS Project Representative, as applicable (otherwise, N/A)
- CNS Quality Engineer, as applicable (otherwise, N/A)
- CNS Design Engineering, as applicable (otherwise, N/A)
- CNS Product/Packaging Engineering, as applicable (otherwise, N/A)
- CNS Nuclear Procurement, as applicable (otherwise, N/A)
- CNS Other – List additional function positions required to approve, if applicable
- Supplier Representative – Person with overall responsibility and authority to approve information and dispositions as documented on this form.

**NOTE: Ensure Subcontract Administrator in Supply Chain Management receives a copy of the approved RFWD.**

29. **NAME** – Name (print/signature) of each person fulfilling the roles denoted in Block No. 27.

30. **DATE** – Date of approval signature.

31. **APPROVE/REJECT RECOMMENDED DISPOSITION** – Based on the information provided in Block No. 22, each Approver is to approve or reject the Recommended Disposition noted in Block No. 24. Checking the Approved block means the Approver accepts all recommended dispositions provided in Block No. 24. Checking the Rejected block means the Approver rejects one or more of the recommended dispositions provided in Block No. 24.

**NOTE: Communication between the supplier and CNS for RFWDs must be handled by the CNS Subcontract Administrator.**