

# PRODUCT DEVIATION REPORT

**Format No.:** \_\_\_\_\_

Date: \_\_\_\_\_

Control Number: \_\_\_\_\_

Representative Filing Report	Reporting Location	Job Number	Details of Purchased Product from
Job Name	Job Location	Owner Details	

DEVIATION	[ PLEASE TICKMARK ]		REMARKS
	Quantity		
	Size		
	Shape / Specific		
	Color		
	Damage		
	Delivery		
	Mixed		
	Other		

Deviation Details

Responsible Person / Location responsibility

Correction

Estimates	Recommendations
	Credit Amount
	Repair / Concessions
	Replace / Concession
	Other

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**Format No.:**

## DEVIATION REPORT FORM

Manager Name :

Comments / Suggestion by Manager

Corrective Action | Preventive Action

Internal System Actions

Reports change / Activities Change Report

Signature of Manager