| **Abweicherlaubnis (AWE) Lieferant / *Deviation request supplier*** | | | | | | | | | | | | | | | | |  | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Kosten der ausgestellten AWE werden dem Verursacher belastet. / *Costs for the issued deviation request are charged to the responsible person.*  AWE ohne Zeichnungsanpassung / *Deviation request without drawing modification*  AWE mit Zeichnungsanpassung, Änderungsantrag / *Deviation request with drawing modification,  change request* | | | | | | | | | | | | | | | | | Swoboda Schorndorf KG  Vogtswiesen 69  73614 Schorndorf  Deutschland Tel.: +49 (7181) 7003-0 Seite 1 von 1 / *Page 1 of 1* | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Teilenummer / *Part-no.*:** | | | |  | | | | | | **Bezeichnung / *Part name*:** | | | |  | | | | | | | |
| **Index / *Index:*** | | | |  | | | | | | **AWE-Nr. / *Deviation request no:*** | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Lieferant / S*upplier*: | | |  | | | | | Ansprechpartner / *Contact person*: | | | | | | |  | | | | | | |
| Datum / *Date*: | | |  | | | | | Liefermenge / *Delivery quantity*: | | |  | | | | Zeitraum bis / Period until: | | | | |  | |
| Besonderes Merkmal (CC / SC) /  *Special Characteristic (CC / SC)* | | | | | | | Sonstige Merkmale /  *Other Characteristics* | | | | | | Vorserie /  *Pre-series* | | | Serie /  *Series* | | | | | Ersatzteile /  *Spare parts* |
| **Beschreibung der Abweichung / *Description of the deviation*:** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Grund der Abweichung / *Reason for the deviation*:** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Korrekturmaßnahme / Corrective action:** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Verantwortlich, Funktion / *Responsible person, Function:* | | | | | |  | | | | | | Unterschrift */ Signature:* | | | | | |  | | | |
|  | = Pflichtfeld / *Required field* | | | | Advanced Quality Planning | | | | Head of Quality Management | | | | | Engineering | | | | | Process Engineering | | |
| Datum / *Date*: | | | | |  | | | |  | | | | |  | | | | |  | | |
| Name / *Name*: | | | | |  | | | |  | | | | |  | | | | |  | | |
| Unterschrift / *Signature*: | | | | |  | | | |  | | | | |  | | | | |  | | |
| Hinweis / *Information*:  **Die Abweicherlaubnis ist nur für den o.g. Zeitraum / die o.g. Menge gültig. /** *The deviation request is only valid for the above mentioned period / the above mentioned quantity.*  **Die Abweicherlaubnis muss jeder Verpackungseinheit / jedem Gebinde beigelegt werden. /** *The deviation request has to be enclosed to each packaging unit / container.* | | | | | | | | | | | | | | | | | | | | | |
| **Verteiler / *Copy to*:** | |  | | | | | | | | | | | | | | | | | | | |