

VARIANCE REQUEST FORM

VRF#:

Associated NCMR#:

Initiated by:

DEPT:

Date/Time

DESCRIPTION OF
THE VARIANCE

DEVICE AND/OR
DOCUMENTATION
AFFECTED BY THE
VARIANCE:

SPECIAL
INSTRUCTIONS:

VALIDATION
RATIONALE:

Person performing
testing must e-sign

VRF #:

Authorization for Variance (all signatures required prior to commencing proceesing):
By signing this document I confirm that the "use as is"/accept by concession, rework, or additional steps added to not adversely affect the product to be released.

Administration Management Rep: Date

Engineering Management Rep: Date

Manufacturing Management Rep: Date

Quality Management Rep: Date

☐ Approved ☐ Denied

Date Approval Issued: Expiration Date:

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Perform processing per the above instructions or ☐ N/A - no processing steps needed.

☐ Component/ ☐ Device QTY:

☐ Processed By: Date:

Qty Inspected: Qty Accepted: Qty Rejected:

Inspected by: Date:

Note: Add additional sheets to document processing steps as needed.

Disposition of Material:

☐ Accepted

☐ Return to New Inventory

☐ Return to RMA Inventory

☐ Accepted for further MFG processing

☐ Rejected

☐ Re-graded for alternative applications

☐ Return to Vendor

☐ Use-as-is/Accepted by concession

☐ Scrapped

Administration Management Rep: Date:

Engineering Management Rep: Date:

Manufacturing Management Rep: Date:

Note: Signing the box below will lock out edits by any person other than the person signing.

Quality Management Rep: Date: