



A copy of the approved form must be included with all associated shipments

Supplier Name _____ Address _____
 Part Name _____ Purchase Order Number _____ PO Rev _____
 VO Part # _____ Rev (Must match PO) _____ Batch/Lot/Serial Number _____
 Supplier Part # _____ Rev (Must match PO) _____ Quantity Affected _____ Quantity Ordered _____

Discrepancy / Deviation

#	Print Location	Serial #	Should be	Is
Ex	Sheet 1, Zn A1	AAA0001	Ø 5.000 ± .001	5.002 (OOT .001)

Root Cause and Proposed Actions

#	Root Cause	Proposed Actions
Ex	Parts slipped during machine operation	Use as is

Continued on next page

Organization Authorized Signature

Title _____ Print name _____ Signature _____ Date _____
 Phone Number: _____ Ext _____ Email _____

DEVIATION APPROVAL INFORMATION (FILLED IN BY VIRGIN ORBIT)

Accepted Rejected N/A Approved Qty _____ Associated Ticket #(s) _____

COMMENTS: _____

VIRGIN ORBIT APPROVAL Print name _____ Signature _____ Date _____
 Supplier Quality Engineer _____