DATA ITEM DESCRIPTION

1. DID NUMBER: DID-PM-MGT-AFD-
2. TITLE:
3. DESCRIPTION and intended use

The Application for a Deviation (AFD) is required to document the request and evaluation of a deviation from, or the non-conformance with, an approved design or controlled process.

The Contractor uses the AFD to inform the Commonwealth of a proposed deviation or non-conformance.

The Commonwealth uses the AFD as the basis for review and evaluation of the application for a deviation or non-conformance made by the Contractor.

1. INTER-RELATIONSHIPS

The AFD is subordinate to the following data items, where these data items are required under the Contract:

Nil.

1. APPLICABLE DOCUMENTS

The following documents form a part of this DID to the extent specified herein:

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| 1. Departmental Quality Assurance Instruction 014, *Applying for a Deviation* |

1. Preparation Instructions
   1. Generic Format and Content

The data item shall comply with the general format, content and preparation instructions required by the form at Annex A to this DID (or equivalent electronic form) and, as applicable, the SOW clause for ‘Deliverable Data Items’ or the CDRL clause entitled ‘General Requirements for Data Items’.

* 1. Specific Content
     1. General Requirements

An AFD is required to be submitted for all applications for a deviation or waiver from, or non-conformance with, an approved configuration management baseline or variation from an approved process.

* + 1. Specific Requirements

All AFDs shall be prepared and requested through the submission of a Department of Defence form, as per the example included at Annex A.

The AFD form submitted by the Contractor shall, as a minimum, include applicable header information and the completion of all mandatory fields in Part 1 of the form.

Note: If the Contractor has access to the Defence Protected Network, the Contractor should use the electronic form SG002 available from the ‘e-Forms’ application (as updated from time to time). Alternatively, the embedded PDF version may be used instead of the form at Annex A.

Note: For Configuration Management purposes, one AFD may result in one or more ‘requests for variance’.



Annex:

1. Application for a Deviation

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. SG 002 Revised Nov 2020 | Department of Defence  Application for a Deviation | | | | 1. Distribution   Original – Applicant’s copy Copy 2 – QAR Copy 3 – Contracting Authority  Copy 4 – Ordering Authority Copy 5 – DAA Copy 6 – User authority |
| 1. Applicant’s reference no. | Applicant requests decision by | | | |
|  |
| 1. QAR authority reference no. |  | 1. Date | 1. (Negotiated with the contract authority) | 1. **Note:** Policy and procedure for this process are issued as a Department Quality Assurance Instruction | |

1. 1. Under no circumstances shall the applicant incorporate the deviation until approval from the appropriate contract authority has been received.
2. 2. Approval of this deviation does not represent an authority to change the design nor to extend the non-conformance, of any other item in the  
   contract.
3. 3. The applicant must be a responsible officer of the supplier’s, contractor’s or subcontractor’s organisation acceptable to the contract authority.

**Part 1 – To be completed by applicant** (Applicant includes, but is not limited to supplier, contractor and in-service provider)

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| 1. \*Denotes mandatory fields | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. \*a. Name and address of applicant | | | | | | | | | | | | | | | 1. \*b. Contract or order no. | | | | | |  |
|  | 1. \*c. Main item or assembly | | | | | | | | | 1. d. Component | | | | | | | | | | | |  |
|  | 1. \*e. Relevant documentation (include issue no. and date) | | | | | | | | | 1. f. Specification no. | | | | | | 1. g. Part identification no. | | | | | |  |
|  | 1. h. Batch lot or reference | | | | | | | | | 1. \*i. Period or quantity involved | | | | | | | | | | | |  |
|  | 1. \*j. Description of deviation (including supporting data – attach additional sheets if necessary). Refer to note 1. | | | | | | | | | | | | | | | | | | | | |  |
| 1. \*k. Effect of deviation | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Enter ‘S’ = Satisfactory, ‘A’ = Adversely affected, ‘N’ = Not known If ‘A’ or ‘N’ is used, supporting documentation is to be attached. | | | | | | | | | | | | | | | | | | | |  |  |
|  |  |  | 1. Interchangeability | |  | | 1. Function | | 1. Price variation | | |  |  | 1. Delivery variation | | | |  | | |  |  |
|  |  |  | 1. Strength | |  | | 1. Safety | | 1. Yes | | | 1. No |  | 1. Yes | | | | 1. No | | |  |  |
|  |  |  | 1. Quality control | |  | | 1. Life | | 1. If ‘Yes’,Increase | | | 1. Decrease |  | 1. If ‘Yes’,Longer | | | | 1. Shorter | | |  |  |
|  |  |  | 1. Maintainability | |  | | 1. Weight | | 1. If ‘Yes’, supporting information is to be attached. | | | |  | 1. If ‘Yes’, supporting information  is to be attached. | | | | | | |  |  |
|  |  |  | 1. Reliability | |  | | 1. Performance | |  |  |  |
|  |  |  | 1. Environmental compliance | | | | | | 1. Are there other critical factors affected which are not listed? Is ‘Yes’, attach details | | | | | | | | 1. Yes | | 1. No | |  |  |
|  |  | | | |  | | | |  | |  | |  |  |
| 1. \*l. Is permanent design change proposed? | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Yes | | | 1. No | | 1. If ‘No’, box n. is to be completed and box o. is to be completed where applicable. | | | | | | | | | | | | | | | |  |
| 1. \*m. Applicant’s design department (if applicable, attach agreed conditions) | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Signature – (Design department) | | | | | | | 1. Printed name | | | 1. Appointment | | | | 1. Phone number | | | | | 1. Date | |  |
|  | 1. n. Proposed corrective action for deviation application *(Attach additional sheets where necessary)* | | | | | | | | | | | | | | | | | | | | |  |
|  | 1. o. Proposed action to prevent recurrence *(Attach additional sheets where necessary)* | | | | | | | | | | | | | | | | | | | | |  |
| 1. \*p. Agreed by applicant (All details are correct, and design department signatory is authorised) | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Signature – Application | | | | | | | 1. Printed name | | | 1. Appointment | | | | 1. Phone number | | | | | 1. Date | |  |
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| 1. ⏺ When Part 1 is complete, forward both pages of the form and all attachments to Defence Quality Assurance Representative. | | | | | | | | | | | | | | | | | | | | | | |

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| Part 2 – To be completed by the Defence Quality Assurance Representative | | | | | | | | | | | | | | | | | | | | | 1. QAR authority reference no. | | | |
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|  | 1. a. General comments (including, based on objective evidence, that effects identified in Part 1 k. are verified) | | | | | | | | | | | | | | | | | | | | | | |  |
| 1. b. Application referred to c. ‘For information’ copy provided to CA | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. User authority (in-service applications)  and/or Design acceptance authority | | | | | | | | | | | | | | |  | 1. Contract authority | | | | | | |  |
| 1. d. QAR (Sections a. and b. above have been completed where applicable and  details supplied in Part 1 are assessed as being complete and accurate) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Signature | | | 1. Printed name | | | | | | | | 1. Appointment | | | | | | | 1. Phone number | | | | 1. Date |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Part 3 – To be completed by the User Authority *(Where applicable to in-service requirements)* | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. a. Application is | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Endorsed | | | | 1. Is restriction attached? | | | | | | 1. Yes  *(Attach response)* | | | | | 1. No | | | | | | 1. Not endorsed  *(Attach reasons)* | |  |
| 1. b. User representative | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Signature | | | 1. Printed name | | | | | | | | 1. Appointment | | | | | | | 1. Phone number | | | | 1. Date |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Part 4 – To be completed by the Design Acceptance Authority or delegate | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 1. a. Category | | 1. Category guidelines | | | | | | | | | | | | | | | | | | | | |  |
|  | Critical | | | | 1. Mission critical and/or threat to life | | | | | | | | | | | | | | | | |  |
|  | Major | | | | 1. Significant issues that do not affect the mission or pose no threat to life. | | | | | | | | | | | | | | | | |  |
|  | Minor | | | | 1. Lesser issues affecting configuration. | | | | | | | | | | | | | | | | |  |
| 1. b. Need for permanent design change is agreed c. If ‘No’, return to agreed specification by | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Yes  No | | | | | | |  | 1. Date |  | | | | | | | |  | | | | | | |
| 1. d. Engineering Change Number (ECN) and Comments | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. e. Technical endorsement  Endorsed Not endorsed | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Signature | | | 1. Printed name | | | | | | | | 1. Appointment | | | | | | | 1. Phone number | | | | 1. Date |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Part 5 – Approval — To be completed by the Contract Authority or representative | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Contract authority or representative (Cost and schedule implications have been accessed) (CCP and/or ECP action has been initiated) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Application is: | 1. Approved | | | | 1. Not Approved *(Attach reasons)* | | | | | | | |  | 1. CCP | | | | | 1. ECP | | | 1. N/A |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Signature | | | 1. Printed name | | | | | | | | | 1. Appointment | | | | | | 1. Phone number | | | | 1. Date |  |
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| Part 6 – To be completed by the Defence Quality Assurance Representative | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Application close out (The details on this form have been recorded and copies dispatched as per distribution list) | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Signature | | | 1. Printed name | | | | | | | | | 1. Appointment | | | | | | 1. Phone number | | | | 1. Date |  |
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