
	GILES CHEMICAL ~ PREMIER MAGNESIA		
	Company Form		
	Title: Deviation Report	Number: Q13-PR-100-F024	
	Owner: Leanne Barrios	Revision: 1	
	Effective Date: 03/15/13	Page: 1 of 1	

Date: _____

Deviation Rpt #: _____

Initiated By: _____

Area: _____

Type of Deviation:

- | | |
|--|---|
| <input type="checkbox"/> Planned | <input type="checkbox"/> Procedure |
| <input type="checkbox"/> Un-planned | <input type="checkbox"/> Policy |
| <input type="checkbox"/> Major | <input type="checkbox"/> Process |
| <input type="checkbox"/> Minor | <input type="checkbox"/> Other |

Original Requirement (s)	Deviation

Reason for Deviation:

Does this deviation affect Product Quality? Yes ☐ No ☐ If yes, how? _____

Is product disposition affected? Yes ☐ No ☐ If yes, how? _____

CAPA required? Yes ☐ No ☐ If yes, CAPA# _____

Approval Signatures/Dates: (all applicable parties)				
	Name	Title	Signature	Date
Area Manager				
Quality	Deborah Durbin	Dir. Of Quality		
Operations	Matt Haynes	Dir. Of Operations		

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