

CONCESSION/CHANGE REQUEST FORM

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INFRATEC

To be completed by Requester / Client			
Project No:		Concession / Change No:	
Description:		Date Initiated	
Client:		Project Name:	
Subcontractor [as required]:		Purchase Order No:	
Non-Conformance Report No (If Applicable)			
Reason for Deviation / Query Requested:			
Proposed Action:			
Effect on Quality Cost:		Effect on Delivery:	
Effect on Product:		Effect on Production Schedule:	
Requested By:		Signature:	Date:
Concession / Change Evaluation			
Comments / Recommendations:			
Signature:		Start Date:	Expiry Date:
Accept <input type="checkbox"/> Accept [with comments] <input type="checkbox"/> Reject <input type="checkbox"/> Revision to Order <input type="checkbox"/>			
Managing Director	Compliance Manager	Operations Director	Client Approval (as required)
Date:	Date:	Date:	Date: