

GENERAL DYNAMICS

Ordnance and Tactical Systems
GD Niceville

Request for Change/Variance Form
Document No. PAL 126

Rev. 6

IFS Clause No. 722 Rev. 1

1. PROGRAM NAME AND NUMBER:		2. TRACKING REQUEST NUMBER (see instructions):			3. SDRL NUMBER:		N/A			
4. SUPPLIER TRN:		5. DATE SUBMITTED:		6. DATE RESPONSE NEEDED:		7. REQUEST TYPE:		8. GD-OTS PO NO.:		
						CHANGE-RFC		VARIANCE-RFV		
9. SUPPLIER INFORMATION:			10. GD-OTS POC:			11. AFFECTED PART NUMBER AND PART NAME:				
Company POC Email Phone			Name Email Phone							
12. TITLE OF CHANGE / VARIANCE:										
13. GD-OTS DRAWING(S) AFFECTED AND REVISION:			N/A		14. GD-OTS CUSTOMER:		15. GD-OTS CUSTOMER PO NO.:			
16. DOCUMENT(S) AND/OR EQUIPMENT AFFECTED:			N/A		17. GD-OTS CUSTOMER DRAWING(S) AFFECTED:			N/A		
18. EFFECTIVITY (check at least one of the following):										
Lot number:					Serial Number:					
PO No.:					Date:					
19. DESCRIPTION OF PROPOSED CHANGE / VARIANCE:										
20. REASON FOR PROPOSED CHANGE / VARIANCE:										
21. REQUIREMENT(S) FOR VALIDATION:			N/A							
22. OBJECTIVE EVIDENCE SUBMITTED FOR APPROVAL:			N/A		SEE ATTACHED					
23. SCHEDULE AND/OR COST IMPACTS:			NONE		SCHEDULE (Describe)		COST (Describe)		BOTH (Describe)	
24. ORIGINATOR SIGNATURE AND DATE:										
Note – all signatures will designate that the request has been “APPROVED”; if disapproved, then this will be documented in field 29										
25. PROGRAM ENGINEER SIGNATURE AND DATE:					26. PROGRAM QUALITY ENGINEER SIGNATURE AND DATE:					
27. PROGRAM MANAGER SIGNATURE AND DATE:					28. PROGRAM MANUFACTURING SIGNATURE AND DATE:					
29. DISAPPROVAL WITH COMMENTS:			N/A		DISAPPROVED (Describe)					
30. DECISION TREE ASSESSMENT NO.:			31. ICCB REQUIRED BASED ON DECISION TREE ASSESSMENT (YES/NO):			32. ICCB ENGINEER AND DATE:				
33. ICCB QUALITY ENGINEER AND DATE:			34. ICCB PROGRAM MANAGER AND DATE:			35. ICCB MANUFACTURING ENGINEER AND DATE:				
36. ICCB CHAIR SIGNATURE AND DATE:										

Instructions: The following Instructions define who is responsible for each field and describes what needs to be entered in each field of the form. **Gray fields are completed by the GD-OTS Program Engineer or Quality Engineer.**

1. **PROGRAM NAME AND NUMBER:** GD-OTS is responsible for entering the name of program as it appears on the customer contract and the project ID number.
2. **TRACKING REQUEST NUMBER (TRN):** GD-OTS is responsible for entering the TRN. This **number will be the project ID number, two-digit year, sequence number beginning with 001, request type, and supplier identifier such as Supplier Name/Abbrev/Number/CAGE Code. Example: 40000031-22-001_RFV_Acme.** Best practice is for the Program QE to create and maintain CRN logs.
3. **SDRL NUMBER:** GD-OTS shall enter the customer SDRL number in this block when required. Check the N/A box when no action is required.
4. **SUPPLIER TRN:** Originator enters their tracking request number that they may track internally.
5. **DATE SUBMITTED:** Originator enters the correct date of submittal in this block.
6. **DATE RESPONSE NEEDED:** The Originator shall enter the date the response from GD-OTS is needed.
7. **REQUEST TYPE:** The following are definitions for Change and Variance that the Originator must choose:
 - Change is defined as anything that effects or could affect form, fit, or function, anything that would require supporting documentation to change revisions, any machine movements, or any process changes. The change requested is intended to be permanent.
 - Variance is a request to utilize noncompliant existing or future hardware. Variances are temporary and should apply to single instances or be limited by time, lot number, SN range, or other delimiting factor.
8. **GD-OTS PO NO.:** Originator enters in the GD-OTS purchase order number.
9. **SUPPLIER INFORMATION:** The Originator provides the Supplier's company name, POC, email address, and phone number.
10. **GD-OTS POC:** The Originator identifies the person the request is being sent to at GD-OTS; name, email address, and phone number.
11. **AFFECTED PART NUMBER AND PART NAME:** The Originator enters the affected part number and part name for this request.
12. **TITLE OF CHANGE / Variance:** The Originator provides a title for which best describes the RFC or Variance.
13. **GD-OTS DRAWING(S) AFFECTED:** The Originator will enter all drawing number(s) including revision(s) affected by the request. Check the N/A box when no action is required.
14. **GD-OTS CUSTOMER:** GD-OTS enters the customer name that is affected by the request.
15. **GD-OTS CUSTOMER PO NO.:** GD-OTS enters the customer's contract or purchase order number that GD-OTS delivers the affected part indicated on this request.
16. **DOCUMENT(S) AND/OR EQUIPMENT AFFECTED:** The Originator will enter all document(s) and/or equipment including revision(s) affected by the request. Examples could be, work instructions, travelers, routing sheets, control plans, procedures, manufacturing or quality plans and any other document(s); and machinery and equipment that will be affected by the request. Check the N/A box when no action is required.
17. **GD-OTS CUSTOMER DRAWING(S) AFFECTED:** GD-OTS enters all customers drawing number(s) including revision(s) affected by the request. Check the N/A box when no action is required.
18. **EFFECTIVITY:** The Originator will enter the effectivity by lot, serial number, GD-OTS PO, or date, when information is available for the proposed RFC/RFV.
19. **DESCRIPTION OF PROPOSED CHANGE / VARIANCE:** The Originator will enter a detailed description of what is occurring in this block.
20. **REASON FOR CHANGE / VARIANCE:** The Originator will describe why or what will be gained from implementing the request. *Avoid statements like "to meet schedule". This is a statement why this request does not affect product fit, form, or function.*
21. **REQUIREMENTS FOR VALIDATION:** The Originator will list all requirement(s) including revision(s) needed to validate the RFC/RFV. Check the N/A box when no action is required. NOTE: Almost without exception, validation will be required for any changes to qualified products and processes. Think carefully before selecting "N/A" as you run the risk of having your RFC/RFV rejected during ICCB unless a good case can be made for why a validation plan is not required.
22. **OBJECTIVE EVIDENCE SUBMITTED FOR APPROVAL:** The Originator will enter a detailed description of what objective evidence they will be submitting for review and approval. Examples could be but are not limited to the following:
 - Dimensional Inspection Data
 - CMM Data

- Certificates of Conformance
- AS9102 First Article Inspection Data
- Special Process C of C's
- Material C of C's
- Calibration Records or Certifications
- MSDS'S
- Certified Test / Laboratory Reports
- Any other pertinent documentation needed to ensure compliance
- Note: Check the N/A box when no action is required. Check the SEE ATTACHED box when additional supporting documentation is required.

- 23. SCHEDULE IMPACT OR COST IMPACTS:** The Originator will check the appropriate box.
- Check the NO box when there will be no schedule or cost impact .
 - Check the box for schedule impact when applicable. Describe the effects.
 - Check the box for cost impact when applicable. Describe the effects.
 - Check the box for when both schedule and cost are impacted. Describe the effects.
- 24. ORIGINATOR SIGNATURE AND DATE:** The Originator of this request signs and dates in this field.
Prior to submitting PDF version, the Originator should remove the instruction pages. A copy of the signed form (PDF) is to be submitted to the following:
- GD-OTS Program Purchasing Agent (Procurement)
 - GD-OTS Program Quality Engineer
- 25. PROGRAM ENGINEER SIGNATURE AND DATE:** Signature and date of the GD-OTS Program Engineer.
- 26. PROGRAM QUALITY ENGINEER SIGNATURE AND DATE:** Signature and date of the GD-OTS Program Quality Engineer.
- 27. PROGRAM MANAGER SIGNATURE AND DATE:** Signature and date of the GD-OTS Program Manager.
- 28. PROGRAM MANUFACTURING ENGINEER SIGNATURE AND DATE:** Signature and date of the GD-OTS Program Manufacturing Engineer.
- 29. DISAPPROVAL WITH COMMENTS:** If the request is disapproved by any of the GD-OTS Program members, then the "Disapproved" box must be checked and an explanation provided. Otherwise, check "N/A".
- 30. DECISION TREE ASSESSMENT NO.:** The GD-OTS person identified in field 10 (GD-OTS POC) reviews the tab identified as "Decision Tree" within PAL 015 to determine if an ICCB (Independent Configuration Control Board) meeting is required, and then records the corresponding assessment number.
- 31. ICCB REQUIRED BASED ON DECISION TREE ASSESSMENT (YES/NO):** The GD-OTS person identified in field 9 (GD-OTS POC) records "Yes" or "No" based on the Decision Tree assessment number. If ICCB is required (YES), then the GD-OTS Program Team must conduct an ICCB meeting; independent reviewers assessing the request. If ICCB is not required (NO), then stop here.
- 32. ICCB ENGINEER AND DATE:** GD-OTS Independent Engineer reviewing and approving the request when required by step 30.
- 33. ICCB QUALITY ENGINEER AND DATE:** GD-OTS Independent Quality Engineer reviewing and approving the request when required by step 30.
- 34. ICCB PROGRAM MANAGER AND DATE:** GD-OTS Independent Program Manager reviewing and approving the request when required by step 30.
- 35. ICCB MANUFACTURING ENGINEER AND DATE:** GD-OTS Independent Manufacturing Engineer reviewing and approving the request when required by step 30.
- 36. ICCB CHAIR SIGNATURE AND DATE:** The GD-OTS ICCB Chair reviews the form for accuracy and completeness. If acceptable, the GD-OTS ICCB chair signs and dates. If unacceptable, the GD-OTS ICCB chair works with the GD-OTS POC (field 10) to correct the issues. The form is provided back to the GD-OTS POC (field 10).