REQUEST FOR DEVIATION OF STANDARD NOTES/ STANDARD DETAILS ON DRAWINGS	RFDD No.
Project:	Date:
Service:	
Originator:	Signature:

1. TO BE COMPLETED BY ORIGINATOR:

Deviation requested for:-

Reason for request:-

2. TO BE COMPLETED BY PROJECT DIRECTOR

Deviation Acceptable/Approved: * ☐ Yes ☐ No

Remarks/Comments:

Signature: Date:

Name :

3. TO BE COMPLETED BY CAD MANAGER / DRAFTSPERSON

Deviation Incorporated on drawings: * ☐Yes ☐ No

CAD Manager/Signature: Date:

Draftsperson/Signature : Date:

* Mark ☒ where appropriate