

MARSHALL SPACE FLIGHT CENTER NONCONFORMING ITEM AUTHORIZATION FOR LIFTING DEVICES AND EQUIPMENT		1. APPROVAL REQUESTED FOR:		2. REQUEST NO.:	
		<input type="checkbox"/> DEVIATION <input type="checkbox"/> WAIVER		3. PAGE ____ OF ____	
4. ITEM NAME:			5. DRAWING NUMBER AND REVISION.:		6. S/N:
7. PROJECT/PROGRAM:			8. REFERENCE DOCUMENT:		
9. INITIATED BY:		10. ORGANIZATION:	11. TELEPHONE:		12. DATE:
13. SPECIFIED REQUIREMENTS:					
14. DESCRIPTION OF DEVIATION/WAIVER:					
15. REASON FOR REQUEST:					
16. EFFECT ON INTENDED USE (This Deviation/Waiver <input type="checkbox"/> could <input type="checkbox"/> could not affect safely, reliability, durability, performance, interchangeability, weight, or create a schedule slippage) OTHER EFFECTS: <u> </u>					
17. APPROVAL SIGNATURES					
COMMENTS AND RECOMMENDATIONS:			EQUIPMENT MANAGER:		
COMMENTS AND RECOMMENDATIONS:			PROGRAM MANAGER:		
COMMENTS AND RECOMMENDATIONS:			FACILITIES AND SERVICES OFFICE:		
COMMENTS AND RECOMMENDATIONS:					
COMMENTS AND RECOMMENDATIONS:					
COMMENTS AND RECOMMENDATIONS:					
COMMENTS AND RECOMMENDATIONS:			INDUSTRIAL SAFETY OFFICE:		
COMMENTS AND RECOMMENDATIONS:			MSFC CENTER DIRECTOR:		

REQUEST NUMBER:

**NONCONFORMING ITEM AUTHORIZATION
FOR LIFTING DEVICES AND EQUIPMENT**

DATE:

NOTE(S):