

Attachment 8

INSTRUCTIONS FOR PREPARING RFV FORMS

Utilizing DD Form 1694

10 March 2016

In its entirety, DD Form 1694 consists of the following pages:

1. DD Form 1694
2. DD Form 1694C (Continuation Page)

Instructions for the preparation of DD Form 1694 immediately follow each individual page (as listed above).

Editable Adobe PDF copies of DD Form 1694 can be downloaded from <http://www.dtic.mil/whs/directives/forms/dd/ddforms1500-1999.htm>.

| | | | | | |
|---|--|---|--|--|-------------------------------|
| REQUEST FOR VARIANCE (RFV) | 1. DATE PREPARED: <i>(DD-Mon-YYYY)</i> | | 2. RFV NUMBER: | | OMB No. 0704-0188 |
| | | | 3. PROCURING ACTIVITY NO. (PAN): | | |
| <p>The public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO THE ACQUIRER ISSUING CONTRACTING OFFICER FOR THE CONTRACT/PROCURING ACTIVITY NUMBER LISTED IN ITEM 23 OF THIS FORM</p> | | | | | |
| 4. TITLE OF VARIANCE: | | | | | |
| 5. VARIANCE PRE OR POST-PRODUCTION <input type="checkbox"/> Pre-Production <input type="checkbox"/> Post-Production | | | 6. BASELINE AFFECTED: <input type="checkbox"/> Functional <input type="checkbox"/> Allocated <input type="checkbox"/> Product | | |
| 7. SYSTEM INFORMATION | a. MODEL/TYPE DESIGNATION: | | b. SYSTEM/CONFIG. ITEM NOMENCLATURE: | c. END ITEM CAGE CODE: | |
| 8. AFFECTED ITEM NOMENCLATURE: | | | 9. PART NUMBER(S) OF AFFECTED ITEM(S): | | |
| 10a. OTHER EXTERNAL SYSTEM AFFECTED?: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | b. IF BLOCK 10a IS YES, LIST OTHER SYSTEMS OR CONFIGURATION ITEMS AFFECTED: | | |
| 11. IDENTIFICATION OF VARIANCE | a. VARIANCE CLASSIFICATION: <input type="checkbox"/> Critical <input type="checkbox"/> Major <input type="checkbox"/> Minor | | b. DEFECT NO. <i>(if applicable)</i> : | c. DOCUMENT DEFINING DEFECT NO./CLASS <i>(if applicable)</i> : | |
| 12. DESCRIPTION OF VARIANCE: | | | | | |
| 13. NEED FOR VARIANCE: | | | | | |
| 14. CORRECTIVE ACTION TAKEN: | | | | | |
| 15. EFFECT ON PERFORMANCE, FUNCTION, RELIABILITY, DURABILITY, INTEGRATED LOGISTICS SUPPORT, INTERFACE OR SOFTWARE: | | | | | |
| 16. RECURRENCE | | a. RECURRING VARIANCE?: <input type="checkbox"/> Yes <input type="checkbox"/> No | b. IF BLOCK 16a IS YES, PROVIDE RATIONALE: | | |
| 17. EFFECTIVITY: <i>(Quantity Affected, Lot Numbers Affected, Serial Numbers, Dates)</i> | | | | | |
| 18. PER UNIT COST IMPACT: | | 19. TOTAL COST IMPACT: | | 20. EFFECT ON SCHEDULE IF APPROVED/DISAPPROVED: | |
| 21. CONTRACT INFORMATION | a. SUPPLIER: | | | b. CONTRACT NO. AND LINE ITEM: | |
| 22. CONTRACTING OFFICER | a. NAME: | | b. TELEPHONE: | c. E-MAIL: | |
| 23. ORIGINATING ACTIVITY | a. NAME: | | | b. ADDRESS: <i>(Street, City, State, Zip Code)</i> | |
| | c. TELEPHONE: | | | | |
| d. CAGE CODE: | | | e. E-MAIL: | | |
| 24a. SUBMITTING AUTHORITY: | | b. NAME AND TITLE: | | c. SIGNATURE: | |
| BELOW TO BE COMPLETED BY THE APPROVING ACTIVITY | | | | | |
| 25a. RECOMMENDATION: <input type="checkbox"/> Approval <input type="checkbox"/> Approval with Modification <input type="checkbox"/> Disapproval | | | | | |
| b. NAME AND TITLE: | | | c. SIGNATURE: | | d. DATE: <i>(DD-Mon-YYYY)</i> |
| 26a. DISPOSITION: <i>(Configuration Approval Authority)</i> <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Modification <input type="checkbox"/> Disapproved | | | | | |
| b. NAME AND TITLE: | | | c. SIGNATURE: | | d. DATE: <i>(DD-Mon-YYYY)</i> |

INSTRUCTIONS FOR PREPARATION OF REQUEST FOR VARIANCE UTILIZING DD FORM 1694

GENERAL

SCOPE. This instruction establishes uniform requirements for the preparation of the DD Form 1694, "Request for Variance (RFV)".

APPLICATION. The provisions of this instruction apply whenever DD Form 1694 is utilized to request a variance.

APPLICABLE DOCUMENTS. DI-SESS-80640

GENERAL REQUIREMENTS. Use of DD Form 1694. Prepare and submit DD Form 1694, or an Acquirer authorized alternative, to request variances from configuration documentation requirements.

Request for Variance (RFV). This form replaces the previous DD Form 1694 "Request for Deviation/Waiver (RFD/RFW)".

DETAILED REQUIREMENTS. Detailed Instructions for completion of the DD Form 1694 are as follows. Confirm each applicable block of DD Form 1694 is filled or marked appropriately in accordance with the instructions provided herein. Failure to complete all applicable fields may result in rejection from the approving authority.

Block 1. Date Prepared. Enter the submittal, preparation or revision date of the RFV prepared in the format DD-Mon-YYYY (e.g., 01-Jan-2014).

Block 2. RFV Number. Enter the RFV unique identifier or tracking indicator, and if required, a revision indicator with RFV identifier.

Block 3. Procuring Activity No. (PAN). To be entered by the procuring activity to provide an internal processing number if required.

Block 4. Title of Variance. Enter a title to describe the variance.

Block 5. Variance Pre or Post-Production. If the RFV is requested prior to manufacture of the item, check "Pre-Production" (e.g. variance approval requested prior to need (pre DD 250); product to be manufactured as nonconforming). If the need for the variance is identified after the item(s) manufacture, check "Post-production" (e.g. variance approval requested after being produced (post DD 250); product manufactured and found to be nonconforming).

Block 6. Baseline Affected. Enter the affected baseline.

Block 7a-c. System Information. Enter the model or type designation identifier of the Configuration Item (CI) or Computer Software Configuration Item (CSCI) for which variance is being submitted (e.g., M16, Mk48, F22, etc.), System/Configuration item nomenclature (e.g., Rifle, Torpedo, Fighter, etc.), and Supplier end item CAGE Code.

Block 8. Affected Item Nomenclature. Enter the specific item nomenclature of the part/assembly affected by the variance (e.g., bracket assembly).

Block 9. Part Number(s) of Affected Item. Enter the specific part number or type designation/nomenclature, if applicable, of the item containing the defect or nonconformance.

Block 10a. Other External System Affected. Check 'Yes' in this field if the variance impacts another system (e.g., interfacing system, training device, and test sets). Check 'No' if otherwise.

Block 10b. List Other Systems or Configuration Items Affected. List Other External Systems or Configuration Items Affected. If block 10 a. is checked 'Yes', list the other system(s) or Configuration Item(s) (CIs)

affected.

Block 11a-c. Identification of Variance. Enter the variance classification, Defect Number (if applicable), and the Document Defining Defect No./Class (if applicable).

11a. Variance Classification: Enter the classification of the variance based on the impact of the variance:

- i. Critical. Use this classification when it is a departure from requirements affecting one or more of the following:
 - (1) safety
 - (2) human health
 - (3) environment, and
 - (4) security (local program or national).
- ii. Major. Use this classification when it is a departure from requirements affecting one or more of the following.
 - (1) performance or operational limits,
 - (2) interchangeability, reliability, survivability, maintainability, or durability of the item or its repair parts,
 - (3) structural strength,
 - (4) effective use or operation,
 - (5) weight, moment, center of gravity
 - (6) appearance,
 - (7) limits on product use or operation,
 - (8) temporary use of alternate items, or
 - (9) when the configuration documentation defining the requirements for the item classifies the departure from the requirement as major.
- iii. Minor. Use this classification when it consists of a departure which does not involve any of the factors listed for critical or major or when the configuration documentation defining the requirements for the item classifies the departure from the requirement as minor. Note: Departures from the requirements that do not meet the definition of critical or major and are not classified in any configuration documentation (i.e. unlisted characteristic) are treated as minor.

11b. Defect No. (if applicable): Enter the defect number from the document that classifies the defect (e.g., "1A3").

11c. Document Defining Defect No./Class (if applicable): Enter the document number that classifies the defect (e.g., MIL-STD-252).

Block 12. Description of Variance. Enter a description of the variance. Describe the nature of the proposed departure from the technical requirements of the configuration documentation. Marked drawings or other documents are included to describe and justify approval of the variance. Provide the impact of other systems or configuration items, as required. An RFV addressing Nonconforming Material (NCM) produced by pre-production or post-production includes a request for the material (part) be repaired, use-as-is, or scrapped, and in some cases retrofitted.

Block 13. Need for Variance. Describe the need for the Variance. Explain why it is not possible to comply with the configuration documentation within the specified delivery schedule. Also, if applicable, explain why a variance is proposed in lieu of a permanent design change.

Block 14. Corrective Action Taken. Describe any action(s) taken to prevent a future recurrence of this variance.

**INSTRUCTIONS FOR PREPARATION OF
REQUEST FOR VARIANCE UTILIZING DD FORM 1694**

Block 15. Effect on Performance, Function, Reliability, Durability, Integrated Logistics Support, Interface or Software. Describe the changes in performance allocations and in the functional/physical interfaces defined in the system specification. Describe the effects of the proposed change on employment, deployment, logistics, and/or personnel and training requirements which have been specified in the approved system and/or CI specification, including any changes or effects on the operability of the system. In particular, there is to be an entry detailing any effect on interoperability. For Computer Software Configuration Items (CSCI): Enter the following information as applicable to the degree of design development of the CSCI at the time of ECP submission:

- a. Identify any required changes to the database parameters or values, or to database management procedures,
- b. Identify and explain any anticipated effects of the proposed change on acceptable computer operating time and cycle-time utilization,
- c. Provide an estimate of the net effect on computer software storage, and
- d. Identify and explain any other relevant impact of the proposed change on the utilization of the system.

Block 16a-b. Recurrence. If the same variance has been requested previously, check 'Yes' or check 'No' otherwise. If Block 16.a is 'Yes', provide justification for the recurrence of this variance and explain why previous corrective actions did not prevent it from recurring.

Block 17. Effectivity. Describe the product effectivity of this variance. Items affected may be listed by quantity, lot number(s), serial number(s), date(s) produced, or a combination thereof.

Block 18. Per Unit Cost Impact. Enter the per unit cost impact of the variance. Variances accepted Post-Production should result in a reduction in cost; indicate cost reductions by enclosing the value in parentheses.

Block 19. Total Cost Impact. Enter the total cost impact of the affected variance. Variances accepted Post-Production should result in a reduction in cost; indicate cost reductions by enclosing the value in parentheses.

Block 20. Effect on Schedule if Approved/Disapproved. Describe any positive or negative effects on the delivery schedule pending the approval or disapproval of this variance.

Block 21a-b. Contract Information. Enter the Supplier name, contract number, and the line item of the affected item as applicable.

Block 22a-c. Contracting Officer. Enter the name, telephone no., and email of contracting officer for the Acquirer.

Block 23a-e. Originating Activity. Enter the name, address, CAGE Code, email and telephone number of the originating supplier or organization for the RFV.

Block 24a-c. Submitting Authority. Enter the submitting activity, name, title, and signature of the individual authorized to submit the RFV on behalf of the originating activity (may be the same as identified in Block 23.a-e).

Block 25a-d. Recommendation. Enter the name, title, signature and date signed. This block is completed by the activity making a recommendation to the Configuration Approval Authority, as required.

Block 26a-d. Disposition. Enter the name, title, signature and date signed. This block is completed by the Configuration Approval Authority authorized to make the decision on the RFV.

Distribution Statement. Use this block to insert the appropriate Distribution Statement and/or Export Control Warning for this form in accordance with Block 9 of the applicable DD Form 1423, "Contract Data Requirements List" which this document is being delivered against and/or DODI 5230.24, Distribution Statements on Technical Documents.

REQUEST FOR VARIANCE (RFV)
(Continuation Page)

2. RFV NUMBER:

3. PROCURING ACTIVITY NO. (PAN):

BLOCK(S) CONTINUED *(Specify by block number)*

**INSTRUCTIONS FOR PREPARATION OF
REQUEST FOR VARIANCE UTILIZING DD FORM 1694**

Instructions associated with Request for Variance Continuation Page. Use of the Continuation Page should be limited to instances when there is inadequate space provided on the parent Request for Variance, DD Form 1694. If the format or space provided in the Continuation Page is insufficient, the submitter may instead attach the necessary information to the RFV form.

Distribution Statement. Use this block to insert the appropriate Distribution Statement and/or Export Control Warning for this form in accordance with Block 9 of the applicable DD Form 1423, "Contract Data Requirements List" which this document is being delivered against and/or DODI 5230.24, Distribution Statements on Technical Documents.