| **CONTRACT DOCUMENT DEVIATION REQUEST FORM** | | | | | | | | Project No.: | | | |  | | | | |  | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Instructions to Contractor:** *Complete this form, attach any supporting data and submit to the Director’s Representative and the OGS Project Manager.* | | | | | | | | | | | | | | | | | | |
| Project Title: *(Project Title, Facility Name and Address)* | | | | | | | Contractor Name and Address: | | | | | | | | | | | |
| Deviation Request No. | | Date Submitted: | Specification Section, Article and/or Drawing No: | | | | Sub Contractor/Supplier/Installer Name and Address: | | | | | | | | | | | |
| Item Description: | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Reason for Deviation: *(If specified product, material or detail cannot be provided, include statement indicating why and provide supporting information.)* | | | | | | | | | | | | | | | | | | |
| Differences (point-by-point comparative data) between proposed deviation and specified product, material or detail: | | | | | | | | | | | | | | | | | | |
| Proposed deviation affects other parts of Work (trades):  YES  NO  Explain: | | | | | | | | | | | | | | | | | | |
| Time Impact due to Deviation:  YES  NO  ADD  DEDUCT | | | | | | | | | |  | | | Days | | | | | |
| **Anticipated deviation savings and/or benefit to State:**  **(Subject to review under Article 10)** | | | | | | | **$** | | | |  | | | | | | | |
| **Benefit:** | | | | | | | | | | | | | | | | | | |
| Supporting Data Attached:  Drawings  Product Data  Samples  Tests  Reports | | | | | | | | | | | | | | | | | | |
| **ACCEPTANCE SIGNATURES** | | | | | | | | | | | | | | | | | |
| The Contractor’s Representative signature certifies:  Proposed deviation affects dimensions and functional clearances.  YES  NO  Proposed deviation affects or delays project schedule.  YES  NO  *If “YES” to either of the above describe in further detail.* | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Costs associated with other trades, known at the time of the deviation request or as a result of the deviation request, will be at the expense of the Contractor proposing the deviation.  YES  NO  Coordination, installation and changes in the Work as necessary for accepted deviation will be complete in all respects.  YES  NO  *If “NO” to any of the above describe in further detail.* | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Contractor understands that the Cost Data of any accepted deviation is to be submitted and reviewed under Article 10 of the General Conditions**.** | | | | | | | | | | | | | | | | | |
| Contractor’s Representative | | | | | | | | | Date | | | | | | | | |
| **A/E Designer of Record Recommendation:**  Deviation Request approved to proceed with deviation in accordance with Article 10 of the contract General Conditions.  Make submittals in accordance with 013300.  Deviation Request approved as noted to proceed with deviation in accordance with Article 10 of the contract General Conditions. Make submittals in accordance with 013300.  Deviation Request rejected.  Use specified product and/or detail. | | | | | Notes:    A/E Designer of Record    Date | | | | | | | | | | | | | |
| OGS Team Leader  Recommended  Not Recommended | | | | Date | | Director’s Representative  Recommended  Not Recommended | | | | | | | | | Date | | | |
| Regional Supervisor  Recommended  Not Recommended | | | | Date | | Director, Division of Construction  Approve  Reject | | | | | | | | | Date | | | |
| Client Agency Representative Notified (Team Leader to complete) | | | | | | | | | | | | | | | | | | |
| Agency Rep: |  | | | Notified by: | | |  | | | | | | | Date: | |  | | |