

# COMPACT METHOD STATEMENT DEVIATION / DEPARTURE REQUEST

Ref No:

*For use when departing from an approved method statement, sequence, material, ITP requirement, safety control, or specification*

## 1 | PROJECT DETAILS

Project Name		Date	
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Contractor		Consultant / Engineer	
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Location / Area	
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## 2 | RELATED DOCUMENTS

Method Statement Ref. & Rev.	
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Drawing / Specification Ref.	
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ITP Reference (if applicable)	
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RFI / SI / Submittal Ref. (if applicable)	
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## 3 | TYPE OF DEPARTURE (select all that apply)

<input type="checkbox"/> Approved Method Statement	<input type="checkbox"/> Specification Requirement	<input type="checkbox"/> Approved Sequence	<input type="checkbox"/> Material / Product
<input type="checkbox"/> Equipment / Plant Setup	<input type="checkbox"/> ITP / Inspection Requirement	<input type="checkbox"/> Testing Requirement	<input type="checkbox"/> Manufacturer Recommendation
<input type="checkbox"/> Temporary Works	<input type="checkbox"/> Safety / Environmental / Permit	<input type="checkbox"/> Other (describe below)	

## 4 | DESCRIPTION OF PROPOSED DEPARTURE

*What is different from the approved method or requirement?*


## 5 | REASON FOR DEPARTURE

*Why is this departure needed?*


## 6 | IMPACT CHECKLIST

Impact Area	Yes	No	N/A	Impact Area	Yes	No	N/A
Quality Impact				Safety Impact			
Environmental Impact				Inspection / Testing Impact			
Cost Impact				Time / Programme Impact			
Warranty Impact				Specification Compliance			
Temporary Works Impact							

## 7 | SUPPORTING ATTACHMENTS

<input type="checkbox"/> Marked-up Method Statement	<input type="checkbox"/> Drawing / Sketch	<input type="checkbox"/> Manufacturer Recommendation	<input type="checkbox"/> Datasheet / Certificate
<input type="checkbox"/> Calculation	<input type="checkbox"/> Risk Assessment / Permit	<input type="checkbox"/> Revised ITP / Inspection Proposal	<input type="checkbox"/> Photos
<input type="checkbox"/> Other:			

## 8 | CONTRACTOR DECLARATION

*The contractor confirms that the proposed departure has been reviewed internally and that any cost, time, safety, quality, inspection, warranty, or contractual impacts have been identified above.*

Prepared By		Name / Signature	
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QA/QC Reviewed By		Date	
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HSE Reviewed By (if applicable)		Date	
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Construction Manager / PM		Signature / Date	
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## 9 | CONSULTANT / ENGINEER DECISION

Decision:	▼ Select decision
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Does this approval constitute formal acceptance of a departure from the specification / contract?	▼ Select
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## 10 | CONSULTANT / ENGINEER COMMENTS


## 11 | FINAL APPROVAL – CONSULTANT / ENGINEER REPRESENTATIVE

Name		Position	
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Signature		Date	
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**⚠ IMPORTANT:** Approval of this form does not automatically waive contract, specification, warranty, testing, inspection, cost, or time requirements unless clearly stated by the approving authority. If the departure affects cost or time, a separate contractual notice, variation request, or claim notification may be required.