

# SME Checklist for Notice of Deviation

 DEVIATION  
NUMBER
 DEV - XXX

 Deviation Name:
 

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Following Asset Class SME acceptance of Request, the Notice of Deviation shall be completed within 10 days, after which it will be escalated to Director-level. After an additional 5 days, it will be escalated to VP-level.

Item No.	Included		Description
1.	<input type="checkbox"/>	<input type="checkbox"/> N/A	Completed Request for Deviation form (CKH-ENG-FRM-008) with all required signatures
2.	<input type="checkbox"/>	<input type="checkbox"/> N/A	Notice of Deviation with all supporting evidence (including Request for Deviation) compiled as a single sign-off package to ensure an archival record and audit trail
3.	<input type="checkbox"/>	<input type="checkbox"/> N/A	Understand the timeline constraints/Project Agreement (PA) Schedule that grants Metrolinx the right to implement the conditions and controls
4.	<input type="checkbox"/>	<input type="checkbox"/> N/A	Record of interdisciplinary checks and quality reviews
5.	<input type="checkbox"/>	<input type="checkbox"/> N/A	Risk assessment as defined in the Metrolinx Risk Management Procedure (CKH-RISK-PRC-001) including identification, assignment, and monitoring of safety risks, operational risks, reputational risks, etc.
6.	<input type="checkbox"/>	<input type="checkbox"/> N/A	Modelling/Simulation reports (if applicable)
7.	<input type="checkbox"/>	<input type="checkbox"/> N/A	Team/Person accountabilities are defined (who does what) to enforce the Controls and Conditions
8.	<input type="checkbox"/>	<input type="checkbox"/> N/A	Controls and Conditions are specific, measurable, time bound, and enforceable
9.	<input type="checkbox"/>	<input type="checkbox"/> N/A	Cost for implementation (estimate if possible)
10.	<input type="checkbox"/>	<input type="checkbox"/> N/A	Formatted for clarity and cohesiveness (bullet points)
11.	<input type="checkbox"/>	<input type="checkbox"/> N/A	Understanding different possible outcomes with respect to project constraints (i.e., cost, schedule, risk, and quality)
12.	<input type="checkbox"/>	<input type="checkbox"/> N/A	Assumptions (if any)
13.	<input type="checkbox"/>	<input type="checkbox"/> N/A	Safety by Design (if applicable)
14.	<input type="checkbox"/>	<input type="checkbox"/> N/A	Understanding possible KPI outcomes (in terms of On-Time Performance, Customer Satisfaction, etc.)
15.	<input type="checkbox"/>	<input type="checkbox"/> N/A	Were other options considered? If "yes" please indicate options.
16.	<input type="checkbox"/>	<input type="checkbox"/> N/A	Is feasibility study required and completed?