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# Document Change Request

ISO 9001:2015 QMS

| Process or Procedure Affected |                          | Initiated By                           |
|-------------------------------|--------------------------|--|
|                               |                          |  |
| Documentation/Data Involved   |                          |  |
| Document Title                |                          |  |
| Document No                   |                          |  |
| Document Type                 |                          |  |
| Document Rev                  |                          |  |
| Reason for Change             |                          |  |
|                               |                          |  |
| Action Requested:             |                          |  |
| New Document                  | <input type="checkbox"/> | Modify/Revise <input type="checkbox"/> |
|                               |                          | Supersede <input type="checkbox"/>     |
|                               |                          |  |
| Description of Change         |                          |  |
|                               |                          |  |
| Disposition of Change         |                          |  |
| REJECTED                      | <input type="checkbox"/> | <i>Reason for Rejection</i>            |
| APPROVED                      | <input type="checkbox"/> |  |
| MODIFIED                      | <input type="checkbox"/> | <i>By Process Owner(s)</i>             |

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| Change Implementation Plan |             |       |          |
|----------------------------|-------------|-------|----------|
| Item                       | Task/Action | Owner | Due Date |
|                            |             |       |          |
|                            |             |       |          |
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|                     |           |          |      |
|---------------------|-----------|----------|------|
| Request Prepared By | Signature | Position | Date |
|                     |           |          |      |
| Request Reviewed By | Signature | Position | Date |
|                     |           |          |      |