
	<b>GILES CHEMICAL ~ PREMIER MAGNESIA</b>		
	<b>Company Form</b>		
	Title: <b>Change Control Request</b>	Number: <b>Q13-PR-100-F015b</b>	
	Owner: <b>Deborah Durbin</b>	Revision: <b>0</b>	
	Effective Date: <b>05/15/13</b>	Page: <b>1 of 4</b>	

## CHANGE CONTROL REQUEST

**Change Control Request Number:**

### Section I: Requesting a Change *(To be completed by Requestor)*

<b>Name:</b>	<b>Department:</b>	<b>Date:</b>
<b>Priority (High-Med-Low):</b>	<b>Type:</b>	
<b>Description of Change:</b> <i>(Describe proposed changes.)</i>		
<b>Justification:</b> <i>(Explain reason why the proposed changes should be implemented.)</i>		
<input type="checkbox"/> <b>Area Manager Approval</b> <b>Signature</b> _____ <b>Date</b> _____		

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## Section II: Evaluation *(To be completed by Quality and/or Review Team)*

<b>Review Team:</b> <i>(List Area Experts /Area Accountable Leaders)</i>	
<b>Name:</b>	<b>Area:</b>
<b>Change Classification:</b> <input type="checkbox"/> Minor <input type="checkbox"/> Major	
<b>Describe Impact:</b>	
<b>Validation Required:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Initial Review Approval:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, give explanation)</i>	
<b>Approval Signatures:</b> _____ <b>Date:</b> _____	
_____ <b>Date:</b> _____	

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**Section III: Implementation** *(To be completed by change owner)*

<p><b>Describe Implementation Plan:</b> <i>(Include Timelines if possible) (Attach relevant documents)</i></p>
<p><b>List any documents (Policies, Procedure, Forms) that are affected:</b></p>
<p><b>Describe any training performed:</b></p>

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#### Section IV: Review of Effectiveness

<b>Product Evaluation Required?</b> <input type="checkbox"/> <b>Yes</b> <i>(If yes, give results)</i> <input type="checkbox"/> <b>No</b>	
<b>Change Verified by:</b> _____ _____	<b>Date:</b> _____ <b>Date:</b> _____
<b>Closure Date:</b> _____	<b>Days to Close:</b> _____
<b>Final Quality Approval:</b> _____ <b>Date:</b> _____	

<b>Additional Comments:</b>          
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