
	GILES CHEMICAL ~ PREMIER MAGNESIA		
	Company Form		
	Title: Change Control Request	Number: Q13-PR-100-F015b	
	Owner: Deborah Durbin	Revision: 01	
	Effective Date: 10/21/16	Page: 1 of 4	

CHANGE CONTROL REQUEST

Change Control Request Number:

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

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

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

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

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

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

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