**Bag/Locker Amendment Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Please circle appropriate choice** | | | | | |
| Decrease PAR level | Increase PAR level | Remove Part | Add Part | Change location of Part | Other |
| **Part Description** | |  | | | |
| **CP Number** | |  | | | |
| **Change description** | |  | | | |
| **Change requested by** | |  | | | |
| **Affected Cabinets** | |  | | | |
| **Affected Units** | |  | | | |
| **Affected Kits** | |  | | | |
| **Communicated to affected crew** | |  | | | |
| **Communicated to Logistics** | |  | | | |
| **Communicated to Procurement** | |  | | | |
| **Approved by Clinical Governance Manager** | |  | | | |
| **Approved by Education Manager** | |  | | | |
| **Approved by Director Supply Chain and Facilities** | |  | | | |
| **Approved by MD** | |  | | | |
|  | |  | | | |