|  |
| --- |
|  |
| **P*Policy Review Committee Approval Date:*** |

**Document Review Form**

Initiation *(to be Completed by Reviewer of document)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ORIGINATOR:** |  | | **DATE SUBMITTED:** |  |
| **DOCUMENT TITLE:** |  | **CURRENT DOC NUMBER:** |  | |
| **HEAD OF DEPARTMENT** |  | | **NEXT VERSION #** |  |

SUMMARY OF CHANGES MADE TO EXISTING DOCUMENT (IF ANY) AND REASON

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***What were the changes made? (track changes if document submitted is modified)*** | | | | |
| TO BE FILLED BY THE ORIGINATOR | 1. ***List related controlled documents impacted by this change?*** 2. ***List the key stakeholders impacted by this change?*** | | | |
| 1. ***How is this change to be communicated to those stakeholders?***   Not Required  Learning Management System (Fill CGF142 LMS Course Request)  E-mail to stakeholders  Other Please Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. **What words should be used to explain the change in the QHSE email (if required)**   (this should be not a list of points but written as an explanation of the change)   1. **Document Classification type**   Confidential  Restricted  Public  *Public: Information destined to be used in public domain or public use, and has no legal, regulatory, or organizational restrictions for its access and/or usage.*  *Restricted: Information that must be afforded limited confidentiality protection due to its use in the day-to-day operations. Disclosure of such information could have limited adverse impact on the functioning or reputation of the entity or the government/health sector*  *Confidential: Information that requires robust protection due to its critical support to decision making within the entity, and across health sector and government.* | | | |
| **Originator review** | | *Signature:* | **Date** |  |
| **HEAD OF DEPARTMENT** | | *Signature:* | **Date** |  |
| **Policy review committee** (initials by the chair/s) | | *Signature:* | **Date** |  |
| **QHSE & BC Manager** | | *Signature:* | **Date** |  |
| **CHIEF ADMINISTRATive Medical OFFICER (if required)** | | *Signature:* | **Date** |  |
| **CHIEF Financial OFFICER (if required)** | | *Signature:* | **Date** |  |
| **CHIEF operations OFFICER (if required)** | | *Signature:* | **Date** |  |
| **CHIEF executive OFFICER (if required)** | | *Signature:* | **Date** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Finalisation** *(to be completed by QHSE Coordinator/Assistant)* | | | | |
| **Action:** | **Initial:** | **Date:** | **Reviewed:** | **Date** |
| Check form completion and soft copy received |  |  |  |  |
| Update Master List of Controlled Documents |  |  |  |  |
| Update “Change Brief“ section to include previous & current version |  |  |  |  |
| Action any changes |  |  |  |  |
| Track changes removed / accepted |  |  |  |  |
| Ensure Document has correct Controlled Document Details |  |  |  |  |
| Save original file to Controlled Documents Folder under relevant department |  |  |  |  |
| Save it as PDF if a policy/procedure (Searchable) |  |  |  |  |
| Archive any old files to the N: Drive |  |  |  |  |
| Update ONLY FOR QHSE Knowledge reference library including hyperlink |  |  |  |  |
| Update Knowledge Reference Library for all employees |  |  |  |  |
| Upload Document to Webpage |  |  |  |  |
| Remove old documents from Webpage |  |  |  |  |
| Email Originator to advise update complete |  |  |  |  |
| Update Document Review Register |  |  |  |  |
| Document Filed |  |  |  |  |

Chairman/Board Member signature