

# Change Request Form

MOC No.

  /   

(Please contact MOC secretary for registration)

STEP 1 (By Requestor)	<b>MOC Title</b> : _____ <b>Objective</b> : _____ <b>Detail</b> : _____		Opened Date : _____ Target Complete Date : _____ Requestor : _____ Section : _____	
	<b>Change Items</b> : <input type="checkbox"/> Manpower <input type="checkbox"/> MFG. Location <input type="checkbox"/> Raw material <input type="checkbox"/> Testing/Inspection/Standard <input type="checkbox"/> Other : _____ <input type="checkbox"/> Machine/Tooling <input type="checkbox"/> MFG. Process <input type="checkbox"/> Pack material <input type="checkbox"/> Warehouse/Transpotation			
	<b>Previous process</b> : _____		<b>New process</b> : _____	
	<b>Change Evaluation</b> :			
STEP 1 (By Requestor)	<b>Safety &amp; Environmental</b> <b>Design</b> <input type="checkbox"/> Hazard identification..... <input type="checkbox"/> Environmental aspect..... <input type="checkbox"/> Action to eliminate hazard & reduce risk..... <input type="checkbox"/> Legal & Other requirement..... <input type="checkbox"/> Potential emergency ..... <input type="checkbox"/> Opportunity and Others ..... <b>Install action/Consultation</b> <input type="checkbox"/> Hazard identification..... <input type="checkbox"/> Environmental aspect..... <input type="checkbox"/> Action to eliminate hazard & reduce risk..... <input type="checkbox"/> Legal & Other requirement..... <input type="checkbox"/> Potential emergency ..... <input type="checkbox"/> Opportunity and Others ..... <b>Committing/Test run</b> <input type="checkbox"/> Hazard identification..... <input type="checkbox"/> Environmental aspect..... <input type="checkbox"/> Action to eliminate hazard & reduce risk..... <input type="checkbox"/> Legal & Other requirement..... <input type="checkbox"/> Potential emergency ..... <input type="checkbox"/> Opportunity and Others ..... <b>Production</b> <input type="checkbox"/> Hazard identification..... <input type="checkbox"/> Environmental aspect..... <input type="checkbox"/> Action to eliminate hazard & reduce risk..... <input type="checkbox"/> Legal & Other requirement..... <input type="checkbox"/> Potential emergency ..... <input type="checkbox"/> Opportunity and Others .....		<b>Quality</b> <b>Design</b> <input type="checkbox"/> The purpose of the change and their potential consequences ..... <input type="checkbox"/> The integrity of the quality management system..... <input type="checkbox"/> The availability of resources..... <input type="checkbox"/> The allocation or reallocation of responsibilities and authorities..... <b>Install action/Consultation</b> <input type="checkbox"/> The purpose of the change and their potential consequences ..... <input type="checkbox"/> The integrity of the quality management system..... <input type="checkbox"/> The availability of resources..... <input type="checkbox"/> The allocation or reallocation of responsibilities and authorities..... <b>Commiting/Test run</b> <input type="checkbox"/> The purpose of the change and their potential consequences ..... <input type="checkbox"/> The integrity of the quality management system..... <input type="checkbox"/> The availability of resources..... <input type="checkbox"/> The allocation or reallocation of responsibilities and authorities..... <b>Production</b> <input type="checkbox"/> The purpose of the change and their potential consequences ..... <input type="checkbox"/> The integrity of the quality management system..... <input type="checkbox"/> The availability of resources..... <input type="checkbox"/> The allocation or reallocation of responsibilities and authorities.....	
	<b>Attachment</b> <input type="checkbox"/> Plan/Schedule <input type="checkbox"/> Sampling/Validation plan <input type="checkbox"/> Test condition/MC drawing <input type="checkbox"/> Cost calculation <input type="checkbox"/> SDS (If change related to new Chemical) <input type="checkbox"/> RoHS & Guarantee <input type="checkbox"/> Other : _____			
	<b>Concern issue and document review</b> (If change related to new Chemical, Requetor must attach SDS for Group Reviewer) Safety : _____ By _____ (SMR.) Customer : _____ By _____ (MSA.) Cost : _____ By _____ (MAC.) Quality : _____ By _____ (QC.) Production : _____ By _____ (PD.) Delivery : _____ By _____ (MWH.) Environmenta : _____ By _____ (EMR.) Energy : _____ By _____ (EnMR.)			
	<b>Approval for Trial</b> <b>Need to inform Customer?</b> <b>Need MLA/MSA Approval Change Request?</b> <input type="checkbox"/> Approve <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Reject (Go to step #5) <input type="checkbox"/> No <input type="checkbox"/> No (Go to step #5) Comment : _____ MOC PS./MD./DD./Group reviewer : _____ Date : ____/____/____			
STEP 4 (By Requestor)	<b>Effective of Change</b> <b>MLA/MSA change approval request (Consider from STEP 3)</b> <input type="checkbox"/> Yes, Issued date ____/____/____ <input type="checkbox"/> No. _____ <b>Change Effective Date</b> ____/____/____ <b>Lot No.</b> _____ <b>Shipping Date</b> _____			
	<b>Additional Detail</b> _____ _____ _____			
STEP 5 (By MOC Chairman)	<b>Approval for Close Out</b> Comment : _____ <input type="checkbox"/> Approved    MOC PS./MD./DD./Group reviewer : _____ _____ <input type="checkbox"/> Not approved    Date : ____/____/____ (Cancel this change)			
STEP 6	Requester must send original change request form and related document to MOC secretary for closure change request and record as MOC PS./MD./DD./Group reviewer judgement. Comment : _____ MOC PS./MD./DD./Group reviewer : _____ Date : ____/____/____			