	Mativ Windsor	<b>L4 – SITE FORM</b>	<b>EFFECTIVE DATE:</b> 08 May 2024
		<b>DOCUMENT #:</b> WIN-FM-QUA-DC-001	<b>REVISION #:</b> 04
	<b>TITLE:</b> Document Change Request (DCR)		

**Section 1:** (Change Information)

Change Requirements			DCR No: 2025-	
<b>Raised by:</b> (Originator)		<b>Print:</b>		<b>Date:</b>
<b>Document No:</b>	<b>Document Title:</b>	<b>Current Rev</b>	<b>New Rev</b>	
<b>Documents to be Obsoleted:</b>				

<b>DESCRIPTION OF CHANGE:</b> Provide detailed summary of the proposed changes	
<b>Change Type:</b>	New document <input type="checkbox"/> Update to existing document <input type="checkbox"/> Total re-write <input type="checkbox"/>

**Section 2:** (Justify why changes are required)

<b>-JUSTIFICATION FOR CHANGE-</b>

**Section 3:** (List all documents affected by the changes)

<b>-DOCUMENTS AFFECTED BY CHANGE-</b>					
Are there any other documents affected by this change? Quality Document examples Standard Operating procedures Work Instructions Forms Master Batch Record Specifications Validation			<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	Document ref (if applicable):	
<b>Document Title:</b>		<b>Document Rev:</b>		<b>DCR No:</b>	
<b>Document Title:</b>		<b>Document Rev:</b>		<b>DCR No:</b>	


**Section 4:** (Potential impact on the Quality System, Product, Regulatory Requirements and/or Other)

<b>-RISK IMPACT EVALUATION-</b>				
<b>Performed by:</b> (Sign)		<b>Print:</b>		<b>Date:</b>

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WIN-FM-QUA-DC-001

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**Section 5:** (Customer Notification)

Customer Notification – Identify customers to be notified of change (if applicable)					
<b>Performed by: (Sign)</b>		<b>Print:</b>		<b>Date:</b>	

**Section 6:** (Training requirements)

-TRAINING-	
<b>Training Type</b>	
<b>Who requires training:</b>	
<b>Trainer: (if applicable)</b>	
<b>Date completed:</b>	

**Section 7: FORMS APPROVAL ONLY** (Manager / Designate Approvals)

**NOTE:** Procedures approvals are on the actual document

<b>Department</b>	<b>Required</b>				
<b>Quality Assurance (sign)</b>	<input type="checkbox"/>		<b>Print:</b>		<b>Date:</b>
<b>Engineering (sign)</b>	<input type="checkbox"/>		<b>Print:</b>		<b>Date:</b>
<b>Manufacturing (sign)</b>	<input type="checkbox"/>		<b>Print:</b>		<b>Date:</b>
<b>Receiving (sign)</b>	<input type="checkbox"/>		<b>Print:</b>		<b>Date:</b>
<b>Purchasing (sign)</b>	<input type="checkbox"/>		<b>Print:</b>		<b>Date:</b>
<b>Warehouse (sign)</b>	<input type="checkbox"/>		<b>Print:</b>		<b>Date:</b>
<b>Technical (sign)</b>	<input type="checkbox"/>		<b>Print:</b>		<b>Date:</b>
<b>Human Resources (sign)</b>	<input type="checkbox"/>		<b>Print:</b>		<b>Date:</b>

**Section 8:** (Document Control Completes)

<ul style="list-style-type: none"> <li>Training has been completed. Obsolete documents have been removed from all points of use and new documents were distributed to relevant areas within the business.</li> </ul>					
<b>Document Control (sign)</b>		<b>Print:</b>		<b>Date:</b>	

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