**Section 1:** (Change Information)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Change Requirements** | | | | | **DCR No: 2025-** | | | |
| **Raised by: (Originator)** |  | **Print:** |  | | | **Date:** | |  |
| **Document No:** | **Document Title:** | | | **Current Rev** | | | **New Rev** | |
|  |  | | |  | | |  | |
|  |  | | |  | | |  | |
|  |  | | |  | | |  | |
|  |  | | |  | | |  | |
| **Documents to be Obsoleted:** | | | | | | | | |
|  |  | | |  | | |  | |
|  |  | | |  | | |  | |
|  |  | | |  | | |  | |

|  |  |
| --- | --- |
| **DESCRIPTION OF CHANGE:** Provide detailed summary of the proposed changes | |
|  | |
| **Change Type:** | **New document**  **Update to existing document  Total re-write** |

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

|  |
| --- |
| **-JUSTIFICATION FOR CHANGE-** |
|  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **-DOCUMENTS AFFECTED BY CHANGE-** | | | | | |
| Are there any other documents affected by this change?  Quality Document examples  Standard Operating procedures  Work Instructions  Forms  Master Batch Record  Specifications  Validation | | | **YES**  **NO**  **YES**  **NO**  **YES**  **NO**  **YES**  **NO**  **YES**  **NO**  **YES**  **NO**  **YES**  **NO** | Document ref (if applicable): | |
| Document Title: |  | Document Rev: |  | DCR No: |  |
| Document  Title: |  | Document Rev: |  | DCR No: |  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **-RISK IMPACT EVALUATION-** | | | | | |
|  | | | | | |
| **Performed by**: **(Sign)** |  | **Print:** |  | **Date:** |  |

**Section 5:** (Customer Notification)

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| --- | --- | --- | --- | --- | --- |
| **Customer Notification – Identify customers to be notified of change (if applicable)** | | | | | |
|  | | | | | |
| **Performed by**: **(Sign)** |  | **Print:** |  | **Date:** |  |

**Section 6:** (Training requirements)

|  |  |
| --- | --- |
| **-TRAINING-** | |
| **Training Type** |  |
| **Who requires training:** |  |
| **Trainer:** (if applicable) |  |
| **Date completed:** |  |

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

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Department** | Required |  |  |  |  |  |
| **Quality Assurance (sign)** |  |  | **Print:** |  | **Date:** |  |
| **Engineering (sign)** |  |  | **Print:** |  | **Date:** |  |
| **Manufacturing (sign)** |  |  | **Print:** |  | **Date:** |  |
| **Receiving (sign)** |  |  | **Print:** |  | **Date:** |  |
| **Purchasing (sign)** |  |  | **Print:** |  | **Date:** |  |
| **Warehouse (sign)** |  |  | **Print:** |  | **Date:** |  |
| **Technical (sign)** |  |  | **Print:** |  | **Date:** |  |
| **Human Resources (sign)** |  |  | **Print:** |  | **Date:** |  |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| * 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. | | | | | |
|  | | | | | |
| **Document Control (sign)** |  | **Print:** |  | **Date:** |  |