

Process Change Request

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| Date Request Initiated: | | Change request #: | | | |
|---|------------------------------------|-----------------------------------|-----|----------------------|--------------------------|
| Process/Part #s Affected: | | Change request ii. | | | |
| | | | | | |
| | | Requested by: | | | |
| Indicate the reason for the cha | inge to the process below: | | | | |
| | | | | | |
| | | | | | |
| Indicate the proposed change to the process: | | | | | |
| | | | | | |
| | | | | | |
| Validation Requirements: | | | | | |
| | | | | | |
| Denote nature of change | | | | | |
| ☐Temporary (if checked – fill out # of parts affected and Indicate length of time) ☐ Permanent | | | | | |
| # of parts affected (approx.) | | | | | |
| Indicate expected length of time | ne that the change will be incorpo | orated | | | |
| Top sections of this form must be completed, and form must be authorized by Quality Manager or designee and reviewed by appropriate personnel listed (Checked) below prior to incorporating changes to process. Quality Manufacturing Engineering Production Maintenance or other relevant parties | | | | | |
| Reviewed By | Operations Man | ager Authorization Date Reviewed | | | |
| Reviewed by | | Date Reviewed | | | |
| Is Prop | osed change acceptable as writt | ten? | | Yes | No |
| Is proposed change acceptable with additional instructions (list below) | | | | Yes | No |
| Additional Required Signatures (if Necessary) | | | | | |
| Production Reviewed By | | Date Reviewed | | | |
| EHS Manager | | Date Reviewed | | | |
| Reviewed By Maintenance | | Date Reviewed | | | |
| Engineering Manager | | Date Reviewed | | | |
| | ewed changes for ergonomics, e | | d | Yes | No |
| employee safety? | ywaa ahangaa tar arganamiiaa, a | | | | 1.0 |
| Other Reviewed By | | Date Reviewed | | | |
| Quality Authorization (Last) | | | | | |
| Reviewed By | audity Auti | Date Reviewed | | | |
| _ | | | | | |
| | osed change acceptable as writt | | | Yes | No |
| Is proposed change acceptable with additional quality instructions (list below) | | | | Yes | No |
| Does the change affect the customer and does notification need to be submitted? | | | 1? | Yes | No |
| What documents need to be reviewed and updated? □ Process Flow □ PFMEA □ Control Plan □ Inspection Instructions □ Work Instructions □ Other NOTE: Documents identified MUST be updated and approved prior to implementation of Changes. | | | C | Updates Completed | Updates Not Completed |
| Distribution: | | | | | |
| Implementation | | | | | |
| Indicate when the change(s) have occurred. | | | | | |
| Date of Implementation | | First Materials (Dat | te) | | |