

Process Modification Approval Workflow Document

Document No.: _____

Revision: _____

Date: _____

1. Request Details

Process Name: _____

Department: _____

Requested By: _____

Modification Requested:

Reason for Modification:

2. Impact Assessment

Area	Description of Impact	Assessment By	Date
Safety			
Quality			
Production			
Cost			
Environment			
Other			

3. Approval Workflow

Role	Name	Signature	Date	Remarks
Initiator				
Supervisor/Manager				
Quality Assurance				
Health & Safety				
Final Approval				

4. Implementation Notes

Date Implemented: _____

Verified By: _____

5. Additional Comments
