

Process Change Notification

Document No.:

Revision:

Date:

____ / ____ / ____

General Information

Originator Name / Dept.	_____
Contact Details	_____
Assembly Line	_____
Product(s) Affected	_____

Description of Process Change

Current Process	_____
Proposed Change	_____
Reason for Change	_____

Impact Assessment

Potential Risks	_____
Departments Impacted	_____
Customer Impact	_____
Actions Required	_____

Implementation Plan

Target Implementation Date	_____
Responsible Person(s)	_____
Verification Method	_____

Approvals

Prepared by:

Date: _____

Reviewed by:

Date: _____

Approved by:

Date: _____