

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: _____