

## Document Change Request Form (DCR)

Check One

Check One

For Office Use Only

<b>Action (1)</b>  <input type="checkbox"/> New <input type="checkbox"/> Administration  <input type="checkbox"/> Revise <input type="checkbox"/> Retire	<b>Type (2)</b>  <input type="checkbox"/> Administration  <input type="checkbox"/> Technical	<b>Document Code:</b> _____  <b>DCR Number:</b> _____
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**Requester: (3)**

Name: \_\_\_\_\_

Ext.: \_\_\_\_\_

Signature: \_\_\_\_\_

DCR Start Date: \_\_\_\_\_

Document Code: (4) \_\_\_\_\_  
Leave blank if new

Current Effective Date: \_\_\_\_\_

Completion Date Requested: \_\_\_\_\_

**Special Request/Requirements:**

☐ RUSH REQUEST (Must be approved) (5)

☐ Global Change, list other documents: (6) \_\_\_\_\_

☐ Gating Change, list gated documents: (7) \_\_\_\_\_

**(8) Do you want to proofread the new document?**    ☐ Yes    ☐ No    **Initial and date after proofed:** \_\_\_\_\_

If you do not have approval authority or a user group signature (manager approval), before submitting this document a secondary signature is needed here.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

If a group other than your own uses this document, you must get a user group review signature before submitting this form.

**Summary of Change:**

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**Why is this change necessary? (attach additional paper if needed)**

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**List steps or sections being changed:** \_\_\_\_\_  
Leave blank if new

## Document Change Request Form (DCR)

Is customer notification required: If yes, fill out the information below, if not leave blank.

Company Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Ext. \_\_\_\_\_

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#### Reviews and Approvals

Review	Final Review	Approval	Dept.	Name	Signature (Approval Only)	Date
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>President</u>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Operations</u>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Process Systems Manager</u>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>V.P. Engineering</u>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Quality Control</u>	_____	_____	_____

Effective Date \_\_\_\_\_ QA Signature and date \_\_\_\_\_

#### Instructions for filling out this form:

1. Check the type of action that applies: is this a New document, administration (clerical change, grammar or spelling), Revise current document (procedure change) or retire current document from system.
2. Check the type of change: administration change or technical change.
3. If you are requesting the change to an existing document or would like to create a new document print your name, phone extension or pager, signature and the date you filled out this form.
4. Document Code: the number of the SOP, attachment or form you are requesting to change. (i.e. 5.011 = SOP #, 5.011.1 = attachment or form number)
5. Rush request means you need the document completed and approved within two (2) weeks of the time you filled out this request form. Please do not abuse the rush ordering system.
6. Global means: the change you are requesting will effect more than one document. Is this document referred to in other SOP's?
7. Gating means: the change you are requesting for this document also changes other documents. The approval and completion date of all the effected documents "must occur at the same time".
8. If you would like to proofread this document after word processing has made the changes, check yes, if not, check no. Initial and date the document after you have read and approve the changes only.