

Checked By

INTEGRATED MANAGEMENT SYSTEM

CHANGE REQUEST FORM

Document No.: BPDB-IMS-FR-007

Revision No.: 00

Effective Date: 01-11-2021

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Change Request

Requestor Name:			Date	
Department				
Contact	Phone		Email	
Change Request Definition				
Type of Change – Tick the typ	e of change			
□ Process□ Documented information*□ Tooling and Equipment		☐ Change of Supplier ☐ Other (Please specify)		
Description – Describe the pro	oposed chang	je.		

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Justification – Justify why the proposed changes should be implemented.
Import of Not Implementing - Explain the import if the proposal change is not
Impact of Not Implementing – Explain the impact if the proposed change is not implemented.
Impact Description – Describe the impact for each of the items checked. List all
deliverables affected by change request
Alternatives If applicable provide up to three alternatives that sould be implemented
Alternatives – If applicable - provide up to three alternatives that could be implemented instead of the proposed change.

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Change Request, Final Approval						
Final Approval Date	Name	Title	Recommendation			
			Reject			
Special Instructions – Provide any additional information regarding the final recommendation.						

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Checked By	Approved By	