



Document Creation or Change Request

(Ref. SOP QMS-015)

1. To complete this form:

- a) Print a copy of this form.
- b) Add details in section 2 and in relevant section 3. **or 4**. (✓ Create **or** Cancel).
- c) Add details of Line Manager in section 5.
- d) Send to the Line Manager for approval to proceed.
- e) Line Manager is to obtain appropriate approval from Quality Assurance.
- f) On approval/rejection, send this form to Document Management Department who will advise Form Initiator of outcome of request, or request further information, if required.

2. Form Initiator

Date		Area	
Initiator Name		Position	
Line Manager's Name			

3. Create New Document

Document Type (SOP, Form, VD etc.):	(if VD/Form incl. SOP Cross Ref.).....
Title	
Reason for Creation (new machinery; new process, etc.)	

4. Cancel Document

Document Type (SOP, Form, VD etc.)	
Document No	
Reason for Cancellation (obsolete machinery, process or procedure; covered in other SOP, etc.)	
Comments:	

5. Approval: Line Manager

Print Name			
Sign for approval		Date:	

6. Approval (Quality Assurance Dept. Managers)
Note: Cannot be Manager of Stakeholder Area / Dept.

Print Name		Position	
Sign for approval		Date	

If this is a QA area document, ONLY the QA Manager can approve. Send printed, signed form to DCO

7. DCO

Initiator informed?	
Date	