Change Control Form

Requisition #: _____

CHANGE REQUEST INITIATION: Originator: _____

Date of Request: _____/____/____ EEU Equipment Name: _____
          yyyy   mm   dd

CONFIGURATION ITEM: PDU related: _____   Pollen Chamber related: _____   Documentation: _____

CHANGE TYPE: New Requirement: _____   Design Change: _____   Upgrade: _____

                    Other: _____

REASON/RATIONALE FOR REQUEST:

PRIORITY: Emergency: _____   Urgent: _____   Routine: _____   ***Date Change is Needed:*** _____/____/____
                                                                                              yyyy   mm   dd

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DESCRIPTION of REQUEST: ***Detail functional and/or technical information. Use attachment if necessary.***

Attachments: Yes / No

TECHNICAL EVALUATION: ***To be completed by Clinical Engineering or designate. Use attachment if necessary.***

Received By: _____ Date Received: _____/___/___
                                                      yyyy mm dd

Assigned To: _____ Date Assigned: _____/___/___   Not Assigned
                                                      yyyy mm dd

Type of Equipment Affected:
_____

APPROVALS (circle one): CHANGE   APPROVED   CHANGE NOT APPROVED***

RATIONALE and TEST CASES:

Attachments: Yes / No

*** Disapproved requests are immediately forwarded to the Designated Approver for archiving.

Changes Made by: _____

Date of Change: _____/____/____ Time of Change (##: ## AM/PM): _____
                    yyyy   mm   dd

DESCRIPTION of WORK PERFORMED:

TEST RESULTS / IMPACT ASSESSMENT / VALIDATION ACTIVITIES:
(Document any errors and their resolution)

Attachments: Yes / No

Documentation requiring revision has been updated: YES   NO

DESIGNATED APPROVER for CCF PACKAGE: CCF Approved: _____   CCF Not Approved: _____

Change Control Log Updated (please circle one): YES   NO

Signature _____   Date: _____/____/____
                                                                yyyy   mm   dd