

Change Control Form

CCF#: _____

CHANGE REQUEST INITIATION: Originator: _____

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

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

REASON/RATIONALE FOR REQUEST:

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

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