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| **CHANGE REQUEST FORM** |

**The top portion of this form is to be filled out and submitted to OMNI-Test Laboratories, Inc. for all requested changes to the referenced appliance. If a purchased component is changed, a new purchased-component list is required. Any material specifications and/or drawing changes must also be submitted with this form. The specific changes must be clearly identified on any drawings. Once all applicable fields are completed, send this form to *OMNI* via fax at (503) 643-3799 or via e-mail at** [**change-request@omni-test.com**](mailto:change-request@omni-test.com)**.**

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| --- | --- |
| Company/Client |  |
| Model/Series Name |  |
| Report # |  |
| Date |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please check the following boxes for your proposed change(s): | | | | | |
|  | Manual Revision |  | Materials |  | Model/Series Name |
|  | Label Revision |  | Pre-purchased Components |  | Design |
| Effective date of change | |  | | | |
| Reason for change | |  | | | |

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| Please explain the differences between the original and the proposed change(s). Please be precise and detailed with your explanation. The more information OMNI receives, the more efficient the change request process is. | |
| Original | Proposed Change(s) |
|  |  |

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| --- | --- | --- | --- | --- |
| Was this change request submitted due to findings from a recent product inspection? |  | YES |  | NO |
| If indicated yes above, please state NCR # related to this change |  | | | |

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| Company Contact Name |  |
| Title |  |
|  |  |

Signature Date

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| **-----BELOW THIS LINE: FOR OMNI PERSONELL ONLY-----** |

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| Admin or technical review |  | Admin Review |  | Technical Review |
| *Please note that “Admin Review” is used only for changes that are simple, non-technical changes. “Admin Review” examples include changing the model/series name, removing a model, adding Canadian requirements to English manual (French translation), manual/label corrections for spelling/grammar errors. If you are unsure if a change request is “Admin” or “Technical” please ask your manager for assistance.* | | | | |

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| Previous Project Revision # | |  | | | |
| Additional testing needed? | |  | YES |  | NO |
| Explanation |  | | | | |
| *If yes, notify client that a quote will be needed to move forward and fill out QR Form. Halt CR Form but keep “Rev. #” project/folder open.* | | | | | |

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| Update Report? | |  | YES |  | NO |
| Explanation  (“New drawings”, new manual, etc.) |  | | | | |

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| Update Certificate? | |  | YES |  | NO |
| Explanation  (“New models”, “update to standards”, etc.) |  | | | | |

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| --- | --- |
| Qualified Evaluator Signature Name |  |
| Title |  |
|  |  |

Signature Date