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| **CHANGE REQUEST FORM** |

**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****.**

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

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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 (N/A if ROI) |  |
| What are the findings? |  |

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| 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) |
| 01 | [EX: Manual, Page #, Original] | [EX: Manual, Page #, Change] |
| 02 | [EX: Label, Section, Original] | [EX: Label, Section, Change] |
| 03 | [EX: Component, Original Specifications] | [EX: Component, Changed Specifications] |
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| Company Contact Name |  |
| Title |  |
| I confirm no statements or warning(s) required by the appliance standard will be/have been changed, unless related to this change request. |
| I confirm no product clearances or product specifications stated on label and manual will be/have been changed, unless related to this change request. |
| I confirm no other changes will be/have been made to the listed product. |
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*Signature Date*