**CHANGE ORDER TEMPLATE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Change Request Details** | | | |
| Proposer: | Department: |  | Date: January 4, 2022 |
| Duration of Change Implementation: | | | |
| Type of Change | Process | Quality Doc | Policy |
| Organization | Equipment | Building |
| Other | | |
| Description - Describe the proposed change | | | |
|  | | | |
| Justification - What is the reason for the change & why should it be implemented? | | | |
|  | | | |
| Impact of Not Implementing the Change - Explain the impact if the proposed change is not implemented. | | | |
|  | | | |
| Is allocation or reallocation of responsibilities required? | | | |
| Yes: No: | | | |
| If yes, please detail: | | | |
| Are resource allocations required to successfully implement the change? | | | |
| Yes: No: | | | |
| If yes, please detail: | | | |
| What are the potential consequences and/or risk associated with the proposed change? | | | |
|  | | | |
| What are the opportunities associated with the proposed change? | | | |
|  | | | |
| Who is affected? | | | |
|  | | | |
| Details of change implementation:  ***Steps & Person Assigned:***  ***Target Completion Date:*** | | | |
| Approval | | | |
| ---------------------------------------------- -----------------------------  Management Representative Date | | | |
| Verification of Change Implementation | | | |
| -------------------------------------------- -----------------------------  Quality Coordinator Date | | | |
| Comments: | | | |

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*The information in this document is designed to provide an outline that you can follow when formulating business or personal plans.*

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