

SQAM CHANGE REQUEST

REQUESTING COMPANY	TO: TMI QUALITY ASSURANCE 1090 INDUSTRY ROAD HARRODSBURG, KY 40330 ATTN: SQAM ADMINISTRATOR TEL: (859) 734 - 8163 FAX: (859) 734 - 8525	FROM: _____ _____ _____ TEL: _____ FAX: _____ CONTACT: _____				
	IF APPLICABLE, INDICATE THE FOLLOWING BELOW: SECTION, PAGE AND APPENDIX #S, DETAILED VERBAGE, AND DESIRED IMPLEMENTATION DATE. ATTACH EXTRA PAGES IF NEEDED.					
CONTENT OF CHANGE:						
REASON FOR CHANGE:						
TMI - QA	CONFIRM RECEIPT: TO: _____ ATTN: _____ FROM: _____ DATE: _____	<input type="checkbox"/> THANK YOU. YOUR REQUEST WILL BE FORWARDED TO THE SQAM CORE COMMITTEE FOR REVIEW BY _____				
	RESULT: TO: _____ ATTN: _____ FROM: _____ DATE: _____	<input type="checkbox"/> REQUEST ACCEPTED <input type="checkbox"/> REQUEST REVISED (SEE COMMENTS) <input type="checkbox"/> REQUEST REJECTED (SEE COMMENTS)				
COMMENTS:		<table border="1"> <tr> <td align="center"><small>ASST. MANAGER</small></td> <td align="center"><small>SPECIALIST</small></td> </tr> <tr> <td align="center">/ /</td> <td align="center">/ /</td> </tr> </table>	<small>ASST. MANAGER</small>	<small>SPECIALIST</small>	/ /	/ /
<small>ASST. MANAGER</small>	<small>SPECIALIST</small>					
/ /	/ /					

