# 1. Document Revision Form

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| **Title of document to be revised:** | **Code:** |
| **Description of required modification:** (add an attachment if necessary) Name, date, signature: Discussed with: Date: Check cross-references with other documents by: Modification has consequences for the following documents: Signature: Date: |
| **To be completed by the authorizer of the document to be modified:** |
| Deadline of digital modification of document and authorization: * *Within two weeks*
* *Upon scheduled revision*

Person assigned to make the modification: Evaluation of new version:* *Authorize document after modification without evaluation (revision date of document remains unchanged)*
* *Evaluate the complete document before authorization*

**Signature:** **Date:** |
| **To be completed by the quality officer:** |
| **Signature:** **Date:** | **Revision form sequence number:** |