# 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:** | |