



NAME OF ORIGINATOR: _____

DATE: _____

Originator	<input type="checkbox"/> New Document	<input type="checkbox"/> Existing Document	<input type="checkbox"/> Paper copy attached
	Nature of Change (for existing document) or Purpose of New Document. Describe:		
	Assigned Author:		Team Leader/Advisor:

		Initials	Date
EMS Coordinator	Review request & forward editable document to Author		
Author	Make requested changes		
EMS Admin	Review formatting		
	Change revision number and date		
	Change title to include DRAFT		
	Make notation in change page		
	Send draft to Author and EMS Coordinator		
EMS Coordinator & Author	Review Content		
	Management Review Completion		
EMS Admin	Review for typos		
	Remove DRAFT from title		
	Ensure approval signatures		
	Hold until End of Month. For month of : _____		
	AT MONTH END:		
	Email Technical Analyst for change on Intranet		
	Confirm Change		
	Send email to staff notifying them of change		
FILE			

