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# MANUAL CHANGE REQUEST FORM



CUSTOMER USE		DATE:
ORIGINATOR	Company	
	Name & Department	
	Position	
	Telephone No.	
	Email	
	Fax No.	
MACHINE TYPE	Model Number	
	Software Version	
	Machine Serial No.	
MANUAL	Title	
	Chapter / Issue State	
	Page No. / Figure No.	
DETAILS OF CHANGE		

DEK USE		Log No.						
ACCEPTED	<input type="checkbox"/> YES	Priority:	immediate		<input type="checkbox"/> NO	Reason:		
			next release					
DETAILS OF CHANGE								
MANUALS AFFECTED	<input type="checkbox"/> Tech Refs	<input type="checkbox"/> User	<input type="checkbox"/> Install.	<input type="checkbox"/> Eng Spec	<input type="checkbox"/> GA/Ccts	<input type="checkbox"/> S/Alone	<input type="checkbox"/> Other	
ACTION COMPLETE	Author:		Date:		Customer informed of action taken: <input type="checkbox"/>			