

INTERIM QUALITY CONTROL PROCEDURE FORM

IDENTIFICATION

DOCUMENT NAME:			
REVISION:		EFFECTIVE DATE OF DOCUMENT:	
SECTION NO:	SECTION TITLE:	PAGE NO:	PARAGRAPH:

CHANGE

DESCRIPTION OF CHANGE:

ENFORCEMENT

THIS INTERIM QC PROCEDURE BECOMES EFFECTIVE ON / / , AND SHALL REMAIN IN EFFECT FOR A PERIOD <u>NOT</u> TO EXCEED NINETY (90DAYS) FROM THE EFFECTIVE DATE.	
QUALITY MANAGER:	DATE:
ACCOUNTABLE MANAGER:	DATE:

STATEMENT

I HAVE RECEIVED AND INSERTED A COPY OF THIS INTERIM QC PROCEDURE IMMEDIATELY PRECEDING THE EFFECTED PAGE(S) OF MY CONTROLLED COPY OF THE QUALITY DOCUMENT.	
QUALITY MANAGER:	DATE: