SQAM CHANGE REQUEST

	TO: TMI QUALITY ASSURANCE	FROM:				
	1090 INDUSTRY ROAD	_				
	HARRODSBURG, KY 40330	_				
	ATTN: SQAM ADMINISTRATOR	_				
	TEL: (859) 734 - 8163	TFI:		FAX:		
	FAX: (859) 734 - 8525			1700		
	1 AA. (000) 104 0020	CONTACT.				
	IF APPLICABLE, INDICATE THE FOLLOWING BELOW: SECTION, PAGE AND APPENDIX #S, DETAILED VERBAG DESIRED IMPLEMENTATION DATE. ATTACH EXTRA PAGES IF NEEDED.					
	CONTENT OF CHANGE:					
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	DE A CON FOR CHANGE					
	REASON FOR CHANGE:					
	CONFIRM RECEIPT:					
	TO:	☐ THANK \	OU. YOUR	REQUEST WILL BE	FORWARDED	
	ATTN:	TO THE	SQAM COF	RE COMMITTEE FOR	R REVIEW BY	
	FROM:					
	DATE:	COMMENTS:				
4						
- QA	RESULT:	П				
Ĭ L	TO: REQUEST ACCEPTED					
–	ATTN:	REQUEST REVISED (SEE COMMENTS) REQUEST REJECTED (SEE COMMENTS)				
	FROM:DATE:	☐ REQUES	I REJECTE	D (SEE COMMENTS)		
	DATE:			ASST. MANAGER	SPECIALIST	
	COMMENTS:			ASST. WANAGER	OF LUIALIO I	
	GOMMENTO.					
				/ /	/ /	
POLITING: PEOLIESTER — TML-OA — SOAM CORE COMMITTEE						
	(2. RECEIPT / 5. RESULT) (3. PRESENT) (4. APPROVAL)					

TMI APPENDIX 1A - SQAM CHANGE REQUEST