



# CONTROLLED DOCUMENT REQUEST

Document Reference No: CMA 001 FORM

## REQUESTING STAFF – Complete Section 1

SECTION 1

**Document reference:** **N/A - New Document**

**Title:**  
.....

**Document type:**  
 Policy    Procedure    Work instruction  
 Form    Handout / Fact Sheet   Other: .....

**Reason** Document required or Change initiated:  
.....

**Requested by:**  
 Name: ..... Signature: ..... Date: .....

**Consultation:**  
 Will this affect another person or teams process? Does a committee need to be consulted?  
 .....  
 **Yes** - Consultation required (complete shaded line below)  
 **No** - No further action ( do not complete shaded line)

**Other Team, Person, Committee:**  
 Distribution Date: ..... Approval Date: .....

### FORWARD TO COORDINATOR / SUPERVISOR

## COORDINATOR – Complete Section 2

SECTION 2

Request approved    Request denied, notify requestor  
**Comments:**  
 .....

**Name:** ..... **Signature** .....

### FORWARD TO MANAGER/ CUSTODIAN OF DOCUMENT

## MANAGER / CUSTODIAN – Complete Section 3

SECTION 3

Request approved    Request rejected   Date: .....  
**Comments:**  
 .....

**MANAGER / COMMITTEE CHAIR: Signature:** .....

Metadata	Approval links	ISO 9001: 2008	Last Updated	Oct 2014
	Owner/Custodian	Manager Corporate Services	Replaces	N/A
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