ATTACHMENT 1	
SOP-4007-1 **PROCEDURE REQUEST FORM**	Records Use only **Los Alamos** NATIONAL LABORATORY — EST.1943 —

Doc Control Assigned SOP No: _____

Procedure Request Form

Request Date: _____   **Proposed Procedure Completion Date:** _____

Author/Owner: _____   **If needed, new owner assigned by FM:** _____

☐ **New Procedure**   ☐ **Revision**   ☐ **Cancellation**   ☐ **Deactivation**
                                        Current No. _____

Procedure Title: _____

Charge Codes: _____

List a brief description of changes: ☐ Major ☐ Minor

_____

Service(s) and Signature Coordination Requested (work you wish Procedure Manager to perform):

☐ Retrieve electronic document   ☐ Request DC number   ☐ Process/New Template

☐ PCR Form   ☐ Review & Concurrence Form   ☐ Procedure Validation Checklist

Publication Services coordinated by Procedure Development Manager (optional)

☐ Peer Review/Comments Due_____   ☐ Proof Read/Edit

List Peer Reviewers: _____

Consideration of additional reviewers:

☐ Associate Director   ☐ Program Director   ☐ Other: _____

This section to be completed by Procedure Development Manager, only

Sub Assigned:_____ Date provided to Sub: _____ Date returned to PDM: _____ Date sent to RFM: _____ Date sent to Owner: _____ Date sent to SME(s):_____ Date sent to QA: _____ Date sent to ADC: _____ Date sent to USQ:_____ Date sent to CT:_____	*If more than one procedure is included in this request, list the numbers assigned by DCC:* Doc Control #: _____ Supersedes #: _____ Doc Control #: _____ Supersedes #: _____ Doc Control #: _____ Supersedes #: _____	Date procedure package delivered to Doc Control: _____ ☐ Sent final word version Date posted on web:_____ Date procedure notification email sent: _____ Comments: _____ _____ _____ _____

Return completed form to the Procedure Development Office (Room 110).