

ATTACHMENT 1: DOCUMENT ACTION REQUEST (DAR) FORM

Document Action Request (DAR) Form



Section #1 – Type of Request

Document Number:	Revision:	Title:		
Requestor Signature:	Print Name:	Phone:	Z Number:	Date:

Section #2 – Procedure Owner Approval for Processing

<input type="checkbox"/> New Document	<input type="checkbox"/> Major Revision	<input type="checkbox"/> Minor Revision	<input type="checkbox"/> Deactivation	<input type="checkbox"/> Cancellation
Periodic Review: 1 Year <input type="checkbox"/> 2 Year <input type="checkbox"/> 3 Year <input type="checkbox"/> 4 Year <input type="checkbox"/> 5 Year <input type="checkbox"/>				

If new document, describe document type:

Provide a detailed description of the requested change. (Attach additional sheets if needed. Number all additional sheets.):

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved (Return to originator)	Priority:
Procedure Owner Signature:	Print Name:	Date:

Section #3 – Review and Concurrence

Review and Concurrence: Obtain concurrence from all review organizations. (Enter N/A for not applicable.) Document all additional review organizations, if needed, on a continuation sheet. Cognizant System Engineer Program (CSE) approval is required for all technical procedures except minor revisions, and non-authorization-basis-related cancellations/ deactivations. CSE approval is always required for changes affecting safety-basis steps.

Reviewer	Print Name	Signature	Date
Subject Matter Expert			
QA Specialist			
Responsible Line Manager			
Other			
CSE USQ Number (as applicable):	Authorized Derivative Classifier: <input type="checkbox"/> Unclassified <input type="checkbox"/> OOU <input type="checkbox"/> UCNI <input type="checkbox"/> Classified Signature: _____ Date: _____		

Section #4 – Training Review

Training Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Classroom/Briefing	<input type="checkbox"/> Just-in Time	<input type="checkbox"/> On the Job	<input type="checkbox"/> Required Reading
Training Representative Signature:	Print Name:		Course #:	

Section #5 – Final Approval by Procedure Owner

Validation Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hazard Category: <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High	Is the document authorized to serve as Part I of the Integrated Work Document? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Approval Signature:	Print Name:	Phone:	Z Number:	Date: