

# SAFETY TF CHANGE REQUEST FORM

MSDD10

Company		Change No	
Address1		TF Doc No	
Address2		EC Certificate No	
City		Order No	
Region	Phone	TI (Europe)	
	Fax	Order No	
Post Code	E-mail	Requested by	Signed:
Country	Certified that this is sole change request :		Name

1 <i>Product Type:</i>	Previous Model No:	New Model No:
------------------------	--------------------	---------------

2 *Describe the change:*

3 Adding new in-house component/module <input type="checkbox"/> Testing performed? Yes <input type="checkbox"/> No complete (tested to test plan) <input type="checkbox"/> partial tests <input type="checkbox"/> Modifying existing products <input type="checkbox"/> mechanical change <input type="checkbox"/> electrical/electronic change <input type="checkbox"/>	<input type="checkbox"/> Adding bought-in CE-compliant component/product Complies with: EN No.                      Clause No. EHSR No.                    Other Other <i>Provide copies of the declarations of conformity for the relevant Directive</i>	<input type="checkbox"/> Documentation change only <i>e.g. change of responsible person installation instructions, etc.</i> <hr/> <input type="checkbox"/> Change of use <hr/> <input type="checkbox"/> Adding new sub-file <i>only applicable to generic TFs with existing sub-files</i>
---	--	---

4 *If adding a new component/module, state similarities and differences between the new module and the tested one:*

5 *State any other reasons why you consider the change to be compliant:*

6 *List the documentation attached (or being sent by separate cover) as evidence of compliance:*