

## Substantial Change Notification Management Systems / Certificate Information

Company Name	
File number	
Facility Address	
Street	
City	
Zip Code	
Country	
Company Contact	
Telephone	
Email	
Signature	
Date of Submission	
Effective Date of	
Change:	
onango.	
Management Systen	n Change:
_	<del></del>
New Ov	vnership
New Ov	vnership ompany Name
New Ov New Co	vnership ompany Name to scope of Existing Registration
New Ov New Co Change Change	vnership ompany Name to scope of Existing Registration in Management Representative or key personnel
New Ov New Co Change Change Change	vnership ompany Name to scope of Existing Registration in Management Representative or key personnel in Management System
New Ov New Co Change Change Change Change	vnership ompany Name to scope of Existing Registration in Management Representative or key personnel in Management System is to Quality Manual
New Over New Company Change Change Change Change Change Change	vnership mpany Name to scope of Existing Registration in Management Representative or key personnel in Management System is to Quality Manual is of EU Representative
New Ov New Co Change Change Change Change Change Change	vnership ompany Name to scope of Existing Registration in Management Representative or key personnel in Management System is to Quality Manual is of EU Representative in Critical Supplier
New Over the New Colors   New Colors   New Colors   New Colors   Change   Change   Change   Change   Change   Relocat	vnership mpany Name to scope of Existing Registration in Management Representative or key personnel in Management System is to Quality Manual is of EU Representative
New Over New Company Change Relocat Addition	vnership mpany Name to scope of Existing Registration in Management Representative or key personnel in Management System is to Quality Manual of EU Representative in Critical Supplier ion of Design or Production activities
New Over New Company Change Change Change Change Change Change Change Change Relocat	wnership ompany Name to scope of Existing Registration in Management Representative or key personnel in Management System is to Quality Manual of EU Representative in Critical Supplier ion of Design or Production activities in or reduction in Facilities love to a New Location expansion of existing Facility
New Over the New Color   New Color   Change   Change   Change   Change   Change   Change   Change   Addition   M   E   E	vnership ompany Name of to scope of Existing Registration of in Management Representative or key personnel of in Management System of EU Representative of in Critical Supplier ion of Design or Production activities of or reduction in Facilities love to a New Location expansion of existing Facility limination of existing Facility
New Over the New Color   New C	wnership ompany Name to scope of Existing Registration in Management Representative or key personnel in Management System is to Quality Manual of EU Representative in Critical Supplier ion of Design or Production activities in or reduction in Facilities love to a New Location expansion of existing Facility

Brief Descrip	Brief Description of Change:			
Reason for C	hange:			
<u>KCu30II IOI O</u>	<del>Hange.</del>			

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Please complete for changes to / additional facilities:				
Facility Address:				
Related number of Employees:				
Number of Employees per shift (if applicable):				
Normal working hours at this facility:				
Brief description of the facility and principal activities occurring at this site including work shifts and indicating the approximate number of employees in each activity:				
Does this change or impact the following:				
Yes No Product Use Product indications or contra-indications Product labels or Instructions for Use (IFU) Validations Risk Management Plan If yes, please indicate the NSAI product families affected:				
Supporting Documentation Attached:				
<ul> <li>Quality Manual / Procedures</li> <li>Quality Plan</li> <li>Validation Plan / Report</li> <li>Risk Analysis</li> <li>Risk Management Plan</li> <li>Copy of existing QMS certificate(s)</li> </ul>				
Additional Comments (if necessary):				

## Please forward the completed form to: reports@nsaiinc.com

Or, mail completed forms to the following address:

In North America: Others NSAI, Inc. NSAI

20 Trafalgar Square 1 Swift Square Suite 603 Northwood Nashua, NH Santry

03063 USA Dublin 9, Ireland T 1 603 882 4412 T 353 1 807 3800 F 1 603 882 1985 F 353 1 807 3838

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Reviewed by:		Date:			
Revie 1. 2. 3. 4.	w Queries:				
NSAI Follow-up Actions Required:					
	Not Considered Substantial				
	No Action Required				
	Amendment of Registration	Details Required:			
	☐ Database Update				
	Issue New Certificate				
	Additional Information from	Client is required			
	Special On-site Visit and Ver	ification Required			
	Audit Duration - Rationale -				
	Change in Ownership – Next Impartiality Issue Goldmine Update				
	Review and Verify during Next On-site Audit:				