



Document Review Form
 DFA-QMS F19
 Rev.00, 10-Sep-2018

Issued by: <i>Name of Document Controller</i>		Date issued: <i>Date-Month-Year</i>
Document/Form Title: <i>Complete name of document/form</i>		Document Code: <i>Identification code of the document</i>
Revision No./Date: <i>Revision number with corresponding effectivity date</i>		Originator: <i>Name of Head of Office</i>
Office/Division: <i>Name of originating/reviewing office/division</i>		Date received: <i>Date-Month-Year</i>
Date of Review: <i>Date-Month-Year</i>	Reviewed by: <i>Name of reviewer</i>	Approved by: <i>Refer to Review and Approval Matrix</i>
Recommendation: <input type="checkbox"/> No Change <input type="checkbox"/> For Revision <input type="checkbox"/> Supplement <input type="checkbox"/> Amend <input type="checkbox"/> Obsolescence <input type="checkbox"/> Repeal	Remarks: <i>Reason/s for revision; What needs to be revised; and, Things to consider in reviewing</i>	Date: <i>Date-Month-Year</i> <input type="checkbox"/> Accept <input type="checkbox"/> Reject
		If Reject, why: <i>Reason/s for rejecting the review/ revision</i>
Commitment Date: <i>Date of first draft; Date-Month-Year</i>		
<i>This section is to be filled-out by the Document Controller only</i>		
Remarks: <i>Notes from the Document Controller</i>		Date received: <i>Date-Month-Year</i>