

# BOM Change Impact Assessment Document

Document Number:

Date:

Prepared by:

Department:

## 1. Change Description

Change Title:

Description of Change:

## 2. Reason for Change

## 3. BOM Items Affected

Item Number	Current Part Number	Revised Part Number	Description	Qty	Remarks

## 4. Impact Assessment

Impact on Manufacturing:

**Impact on Quality:**

**Impact on Cost:**

**Impact on Inventory:**

**Other Impacts:**

**5. Affected Documents**

Document Name / Number	Description	Revision	Action Required

**6. Review & Approval**

Name	Department	Signature	Date