

# RAIS Change Request Form

I. REQUESTOR INFORMATION		
1. Name:	2. Phone:	3. E-mail:
II. CHANGE REQUESTED		
4. Change requested to:		
<input type="checkbox"/> homepage	<input type="checkbox"/> toxicity values	<input type="checkbox"/> PORTS
<input type="checkbox"/> guidance	<input type="checkbox"/> toxicity profiles	<input type="checkbox"/> risk models
<input type="checkbox"/> federal and state guidelines	<input type="checkbox"/> metadata	<input type="checkbox"/> what's new
<input type="checkbox"/> PRGs	<input type="checkbox"/> chemical-specific parameters	<input type="checkbox"/> ecological benchmarks
<input type="checkbox"/> EPA SSG	<input type="checkbox"/> spreadsheets (RAIS, PORTS)	<input type="checkbox"/> other _____
5. Description of the change requested (attach additional pages as necessary)		
6. Requester Signature:		7. Date Submitted:
III. TRACKING INFORMATION		
8. Change ID#:	9. File location:	
IV. VERIFICATION OF CHANGE		
10. QA Reviewer:		11. Date Submitted for QA:
12. Problems/ Resolution: <input type="checkbox"/> None <input type="checkbox"/> As Indicated Below (attach additional pages as necessary)		
Problem:	Resolution:	Initials and Date re-verified:
13. QA Reviewer Signature:		14. Date:
		15. Completion Date: