



DOCUMENT REVIEW CHECKLIST

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| Version No: | 1 |
| Issued: | 30 Oct 2017 |
| Next Review: | 30 Oct 2021 |

Document title: _____

Reviewers Name: _____

Date Issued for review: _____

Date for comments to be returned: _____

Return to: _____

| | Question | Yes/No | Commentary |
|----|---|--------|------------|
| 1 | Does the document under review relate to your work group or work activities? (If no, do not answer any other questions – return to sender with explanation of why the document under review does not relate to your work group/work area) | | |
| 2 | Does your work group follow this document when undertaking the task? | | |
| 3 | Does the document under review reflect the way the activity is currently done? | | |
| 4 | Is the document easy to follow and understand? | | |
| 5 | Does the document lay out the steps in the correct order? | | |
| 6 | Is there anything missing which should be included within the document? | | |
| 7 | Is there anything in the document that does not need to be there? | | |
| 8 | Have you been instructed/trained in this document? | | |
| 9 | Are you aware of any other work group that should be consulted on this Document? | | |
| 10 | Do you wish to make any other comments? | | |

Other comments: