

QUALITY MANAGEMENT DOCUMENT ADDENDUM

(District completes Sections 1 through 6 -- please type)

Section 1. ARB Document	
<input type="checkbox"/>	Quality Management Plan (QMP)
<input type="checkbox"/>	Quality Assurance Project Plan (QAPP)
<input type="checkbox"/>	Standard Operating Procedure (SOP)

Section 2. District Information	
District Name:	
District Address:	
District Contact Name/Phone Number:	
District Signature/Date:	

Section 3. Document Title <i>(specify exact title, revision #, and date of ARB Document(s) that your District proposes to modify)</i>	Date

Section 4. Proposed Deviation(s) <i>(specify exact section(s), page number(s) and language in existing ARB document that your District proposes to modify and then specify proposed modification (including any spreadsheets or forms).</i>

Section 5. Justification for Deviation(s) <i>(provide explanation of why modification(s) to existing ARB document is necessary)</i>

Section 6. Attachment(s) <input type="checkbox"/>	# of Pages
<i>(specify attachment titles and number of pages, include modified spreadsheets or forms)</i>	

Section 7. ARB Approval <i>(completed by ARB)</i>		
Name/Phone Number:		
Title:		
Signature/Date:		
Addendum Number		

<p>Completed form must be scanned/emailed or mailed to:</p> <p>Quality Management Section 1927 13th Street, P.O. Box 2815 Sacramento, California 95811 qa@arb.ca.gov or the email of your PQAO liaison</p>
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