

**Document Review Form  
 (for LSASD's Internally Controlled Documents)**

<b>Review Information</b>					
Document Name:				Document Author:	
Document Control Number:		-		-	<div style="display: flex; justify-content: space-between;"> <span>New Document</span> <span>Existing Document</span> </div>
<b>Evaluation of Document's Base Method</b> <i>(Not Applicable for all LSASD Documents)</i>					
Previous Method Reference/Revision Number/Date:					
Current Method Reference/Revision Number/Date:					
<i>If different, describe the changes made to the method which were included in the document:</i>					
<i>If the method has been revised and it is chosen not to update the document to reflect those revisions, explain why:</i>					
<b>Secondary Review</b>					
Reviewer 1:			Date of Review:		
<i>Review Comments (If Applicable):</i>					
Reviewer 2:			Date of Review:		
<i>Review Comments (If Applicable):</i>					

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<b>Format Review</b>			
<i>(To be completed by LSASD Document Control Coordinator)</i>			
Format Checked by DCC?	Yes	No	Document Effective Date:
<i>Comments (If Applicable):</i>			
<b>Document Approval</b>			
Document Control Coordinator			
Title	Name	Signature	Date
Document Control Coordinator			
Document Author			
Title	Name	Signature	Date
Issuing Authority			
Title	Name	Signature	Date