

Plant Relocation Form



EMAIL TO: QualityPrograms@pci.org OR MAIL TO: PCI | 8770 W. Bryn Mawr Ave., Suite 1150, Chicago, IL 60631-3517 | ATTN: Quality Programs Department
For questions, contact PCI Quality Programs Department | QualityPrograms@pci.org | 312-583-6774

Producer shall inform PCI in writing, without delay, of matters that may affect the ability of its management system to continue to fulfill the requirements of the applicable quality standards (PCI MNL-116, -117, -130, and/or -135, as applicable) and PCI Plant Certification Program Policy 20.

COMPANY NAME _____ DATE _____

CURRENT FACILITY ADDRESS _____ CURRENT FACILITY CITY _____

CURRENT FACILITY STATE _____ CURRENT FACILITY ZIP CODE _____

RELOCATION DETAILS

NEW FACILITY ADDRESS _____ NEW FACILITY CITY _____

NEW FACILITY STATE _____ NEW FACILITY ZIP CODE _____

DATE(S) OF PLANNED RELOCATION _____

Please describe your plans for relocation (such as timing, duration, overlap of operations, changes in personnel, products, and/or equipment, etc.). Attach additional sheets if needed.

RELOCATION QUESTIONS

Does this relocation include a change of ownership? Yes No

Will this relocation affect the plant's billing address? Yes No

Will the plant change any of its key personnel, such as Quality Control Manager and/or Plant Manager? Yes No

If yes, whom? _____

Will the relocation result in a change in the types of products produced? Yes No

If yes, please indicate any added products or products that will no longer be produced.

Will the relocation result in a change of equipment? Yes No

If yes, what equipment? _____

PLANT AUTHORIZATION CONTACT

AUTHORIZED CONTACT _____ DATE _____

NAME _____ TITLE _____