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

Review Information

Document Name:	Testimony Evaluation					Document Author:	S.Masters
Document Control Number:	LSASDPROC-	-	1012	-	R1	○ New Document	◉ Existing Document

Evaluation of Document's Base Method

(*Not Applicable for all LSASD Documents*)

Previous Method Reference/Revision Number/Date:	
Current Method Reference/Revision Number/Date:	

If different, describe the changes made to the method which were included in the document:

If the method has been revised and it is chosen not to update the document to reflect those revisions, explain why:

Secondary Review

Reviewer 1: Jeff Hendel	Date of Review: 4/7/20

Review Comments (If Applicable):

Reviewer 2:	Date of Review:

Review Comments (If Applicable):

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Format Review
(To be completed by LSASD Document Control Coordinator)

Format Checked by DCC?	◉ Yes ○ No	Document Effective Date:	6/6/20

Comments (If Applicable):

Document Approval

Document Control Coordinator			
Title	Name	Signature	Date
Document Control Coordinator	Stacie Masters	STACIE MASTERS Digitally signed by STACIE MASTERS Date: 2020.06.05 11:47:52 -04'00'	
Document Author			
Title	Name	Signature	Date
LSASD QA Coordinator	S.Masters	STACIE MASTERS Digitally signed by STACIE MASTERS Date: 2020.06.05 11:48:31 -04'00'	
Issuing Authority			
Title	Name	Signature	Date
LSASD Deputy Director	Danny France	JAY FRANCE Digitally signed by JAY FRANCE Date: 2020.06.04 07:58:47 -04'00'	