

DESIGN PROJECT PLAN	No.:	DUE DATE:
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PROJECT:

CUSTOMER:	NEW DESIGN: <input type="checkbox"/>	DESIGN CHANGE: <input type="checkbox"/>	ECR No.: _____
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DESIGN INPUT	FROM CUSTOMER: <input type="checkbox"/>	FROM SALES: <input type="checkbox"/>	FROM MARKETING: <input type="checkbox"/>
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DESIGN INPUT LIST OR REFERENCE:	<table border="1" style="width:100%; height: 70px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>			

REF. STANDARDS:		DESIGN INPUT APPROVED BY:

1	ACTIVITY:	DUE DATE:
ASSIGNED TO:		START DATE:
INPUT REF.:		COMPLETED/VERIFIED BY:
OUTPUT REF.:		

2	ACTIVITY:	DUE DATE:
ASSIGNED TO:		START DATE:
INPUT REF.:		COMPLETED/VERIFIED BY:
OUTPUT REF.:		

3	ACTIVITY:	DUE DATE:
ASSIGNED TO:		START DATE:
INPUT REF.:		COMPLETED/VERIFIED BY:
OUTPUT REF.:		

4	ACTIVITY:	DUE DATE:
ASSIGNED TO:		START DATE:
INPUT REF.:		COMPLETED/VERIFIED BY:
OUTPUT REF.:		