

Region 3 Pre-Dissemination Review Checklist

Product Title	
Document Number or Month / Year of Release	

Product Owner		
Work Product Owner Name	Originating Division or Office and Branch	Signature and date

IQG-related questions on the work product			
Yes		No	Comments / description of actions taken to fulfill requirements.
Is the product objective?			
Is the product useful?			
Is the product integrity assured?			
Is the product influential?			

Other Quality Reviews		
List additional reviews	Review type	Comments

Approving Official			
Name Title		Program or Office	Signature and date