

MOC Change Request Form

Instructions for use:

- Identify a need for a change and submit it to your project team in accordance with our change control process.
- The project manager then leads the team in identifying the impacts of the change, whether or not it will benefit the project, and if it will allow the project to proceed within its approved constraints.
- Then, submit the request to the change control board with the project team's findings. It should be reviewed and either approved, rejected, or deferred until clarification can be sought.

All project managers must manage change carefully and implement a thorough change control process to ensure projects remain within their approved constraints. [Get the template here.](#)

Name of Person or Group Requesting Change:		Date:	
Summary Description of Change:			
Reason for Change:			
Change is:	permanent <input type="checkbox"/>	temporary <input type="checkbox"/>	Duration of change:
Signature of Requestor:			

Attachment checklist:

Updated Process Flow Sheet, if changed	yes <input type="checkbox"/>	n/a <input type="checkbox"/>
Current Process Flow Sheet	yes <input type="checkbox"/>	n/a <input type="checkbox"/>
Updated JSA pages, if changed	yes <input type="checkbox"/>	n/a <input type="checkbox"/>
Current JSA pages	yes <input type="checkbox"/>	n/a <input type="checkbox"/>
Updated Engineering documentation pages, if changed	yes <input type="checkbox"/>	n/a <input type="checkbox"/>
Current Engineering documentation pages	yes <input type="checkbox"/>	n/a <input type="checkbox"/>
Safety Evaluation Checklist	yes <input type="checkbox"/>	n/a <input type="checkbox"/>

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Change Request Approval Form

Type of Change:	Major <input type="checkbox"/>	– Requires entire team and faculty adviser review	
	Minor <input type="checkbox"/>	– Reviewed by team only	
Description of Change as Approved:			
Approved Duration of Change:			
Signatures of Approval			
Faculty Adviser:		Date:	
Review Team Member:		Date:	
Review Team Member:		Date:	
Review Team Member:		Date:	
Review Team Member:		Date:	
Review Team Member:		Date:	
Review Team Member:		Date:	
Review Team Member:		Date:	

Attach minutes and pertinent notes from review team meetings and place in permanent file.

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Safety Evaluation Checklist

Complete this safety evaluation checklist, noting any conditions that apply to the proposed change. Attach a more detailed description of the change, if necessary, and all supporting materials.

<p>Changes in Process Conditions/Materials:</p>	<p>Concerns (Check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> temperature <input type="checkbox"/> pressure <input type="checkbox"/> flow <input type="checkbox"/> level <input type="checkbox"/> composition <input type="checkbox"/> chemical <input type="checkbox"/> toxicity <input type="checkbox"/> flash point <input type="checkbox"/> reaction conditions <input type="checkbox"/> biohazard <input type="checkbox"/> use of regulated materials <input type="checkbox"/> use of lasers/change in class of lasers <input type="checkbox"/> other _____
<p>Changes in Operating Conditions/Procedures:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> startup <input type="checkbox"/> normal operations <input type="checkbox"/> abnormal operations <input type="checkbox"/> shut down <input type="checkbox"/> emergency shut down <input type="checkbox"/> maintenance procedures <input type="checkbox"/> lock-out <input type="checkbox"/> tagging <input type="checkbox"/> other _____
<p>Changes in Process Equipment:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> size or capacity <input type="checkbox"/> materials of construction <input type="checkbox"/> seals and gasket materials <input type="checkbox"/> piping/valving <input type="checkbox"/> electrical system <input type="checkbox"/> max./min. working pressure <input type="checkbox"/> max./min. working temperature <input type="checkbox"/> equipment guarding <input type="checkbox"/> thermal insulation/insulation coverings <input type="checkbox"/> filters <input type="checkbox"/> support structures <input type="checkbox"/> other _____

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Changes in Facilities:	<input type="checkbox"/> ventilation <input type="checkbox"/> lighting <input type="checkbox"/> utility services <input type="checkbox"/> building modifications/renovations <input type="checkbox"/> other_____
Changes in Safety Equipment:	<input type="checkbox"/> containment <input type="checkbox"/> guarding <input type="checkbox"/> fire protection <input type="checkbox"/> fire detection <input type="checkbox"/> safety equipment location <input type="checkbox"/> safety equipment type <input type="checkbox"/> personal protective equipment <input type="checkbox"/> grounding/bonding <input type="checkbox"/> other_____
Changes in Control Systems/Elements:	<input type="checkbox"/> programming change <input type="checkbox"/> controller action <input type="checkbox"/> control valve trim/sizing <input type="checkbox"/> instrument/transmitter <input type="checkbox"/> sensing element <input type="checkbox"/> graphically displayed information <input type="checkbox"/> system response to alarm <input type="checkbox"/> other_____
Changes in Environmental Conditions:	<input type="checkbox"/> discharge air quality <input type="checkbox"/> discharge water quality <input type="checkbox"/> solid waste <input type="checkbox"/> other_____

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