

Management of Change Form

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Facility:			Process Involved
Proposed Change Date:			
Prepared By:	Title:	Date:	
Type of Change - (circle one)			
Chemical	Process Technology	Facility	
Equipment	Procedural		
DESCRIPTION OF PROPOSED CHANGE AND POTENTIAL HAZARDS	Summarize the technical basis for the proposed change and any potential health and safety impacts resulting from the proposed change. Indicate whether the proposed change significantly affects safety or the results of any previous hazard analysis. If the change is temporary, indicate proposed change start and end dates.		
AUTHORIZATION TO PROCEED WITH CHANGE			
Authorized By:	Title		
Signature:	Authorized Change Date:		
PSM/RMP PROGRAM DOCUMENTATION <i>(To be completed prior to startup following change)</i>		<i>Circle Answer</i>	<i>Completion Date (if yes)</i>
Have affected personnel (i.e., operations, maintenance, and contract) been informed of and trained in this change?		YES	NO
Are operating procedures or maintenance procedures required to be updated as a result of this change?		YES	NO
If yes, have affected personnel been trained in the updated operating procedures?		YES	NO
Is the PHA, Offsite Consequence Analysis, or RMP applicability affected by this change?		YES	NO
If yes, has a hazard assessment update been performed (if needed) and has the revised RMPlan been submitted?		YES	NO
Is process safety information required to be updated as a result of this change?		YES	NO
If yes, has a Prestartup Safety Review been performed?		YES	NO
AUTHORIZATION FOR STARTUP			

Authorized By:	Title:
Signature:	Authorized Start-Up Date: