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# Management of Change Request FORM

Name of Person or Group Requesting Change: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Summary Description of Change:

Reason(s) for Change:

Change is:  permanent

temporary Duration of change: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Signature of Requestor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Yes N/A

## Attachment checklist: Updated Process Flow Sheet, if changed

Current Process Flow Sheet

Updated JSA pages, if changed

Current JSA pages

Updated Engineering documentation pages, if changed

Current Engineering documentation pages

Safety Evaluation Checklist (req’d. – see below)

**Management of Change Request Form**

# Process Change Request

# Approval Form

**Type of Change:**  Major – Requires review by entire team and faculty adviser

Minor – Requires review 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Management of Change Request Form**

### **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, along with all supporting materials.

**Changes in Process Conditions/Materials:**

temperature

pressure

flow

level

composition

chemical

toxicity

flash point

reaction conditions

biohazard

use of regulated materials

use of lasers/ change in class of lasers

**Changes in Operating Conditions/ Procedures:**

startup

normal operations

abnormal operations

shut down

emergency shut down

maintenance procedures

lock-out

tagging

**Changes in Process Equipment:**

size or capacity

materials of construction

seals and gasket materials

piping/ valving

electrical system

max./min. working pressure

max./min. working temperature

equipment guarding

thermal insulation/insulation coverings

filters

support structures

**Changes in Facilities:**

ventilation

lighting

utility services

building modifications/renovations

**Changes in Safety Equipment:**

containment

guarding

fire protection

fire detection

safety equipment location

safety equipment type

personal protective equipment

grounding/bonding

**Changes in Control Systems/ Elements:**

programming change

controller action

control valve trim/sizing

instrument/transmitter

sensing element

graphically displayed information

system response to alarm

**Changes in Environmental Conditions:**

discharge air quality

discharge water quality

solid waste