

CHANGE MANAGEMENT APPROVAL FORM

Initiator:		Date:	
Plant ID:			
Indicate the type of change and provide the details below:			
Legislation, Code of Practice or Aus Standard	<input type="checkbox"/>		
Plant or Equipment	<input type="checkbox"/>		



SAMPLE

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This Assessment – Attach a copy of the Risk Assessment Form

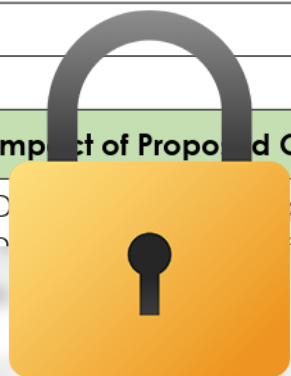
What hazards are presented by the proposed change?

Hazard	Risk	Control or Mitigation	Residual Risk

Estimated Cost to Implement Change

Cost ID	Details

Other Costs		
Total Cost		
Anticipated Benefit(s):		
Impact of Proposed Changes:	Yes	No
Does the change require new technology, existing goods, procedures, or personnel?	<input type="checkbox"/>	<input type="checkbox"/>



SAMPLE

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Does the change affect security or confidentiality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, provide details:			
Does the change require training updated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, provide details:			
Does the change require handling of new information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, provide details:			
Does the change affect integrity or performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, provide details:			
Does the change introduce a new threat or risk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, provide details (e.g., malware, etc.):			
Does the change require communication or notification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, provide details (communication, etc.):			
Does the change require delivery or notification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, provide details (delivery, etc.):			
Does the change require approval or notification from authority (e.g., management, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, provide details (approval, etc.):			

Does the change require approval or notification from the EPA?		<input type="checkbox"/>	<input type="checkbox"/>
If so, provide details:			
Does the change have an impact on employee relations/agreements?		<input type="checkbox"/>	<input type="checkbox"/>
If so, provide details (rostering/manning)			
Does the change require disclosure of information or technology?		<input type="checkbox"/>	<input type="checkbox"/>
If so, provide details (software, equipment, etc.)			



SAMPLE

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Request to Change Management				
Request Details			Author ID	Completion Date
Review and Authorization			Author ID	Completion Date
Requested By	Name	Signature	Date	Remarks

Please forward the completed, authorized Change Management Request Form to the authorized request management person (if applicable).