

## **Document Change Request**

(Use DCR in case you recommend change(s) in any of the controlled HSE Document.)

Document Number:	Document Name:
Revision:	Attached Document Reference:
Recommended Changes:	
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Originator Signature:	Signature:
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Originator Name:	Approved By Concerned Departmental Head:
Date:  To be completed by the HSE Section / Department	Date:
	December shapes
Recommendation Accepted?	Reason for change
Yes Yes w/ modification No	
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Comments:	
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Signature of HSE Representative:	Date:
A	
Approving Authority [ Corporate → GM HSE; Location → Area Manager / PC/ OM/ FM / PM ]	
	Not Approved
Approved	Not Approved
To be filled by HSE Section / Department	
Document/Record Revision Number:	Document/Record Revision Date: