

Location/ Site: _____

ENGINEERING CHANGE REQUEST

1. Initiate Change (To Be Filled By Initiator)				
Serial Number/ Revision		Title		
MoC initiated by:	Name/ Department		Date	
1.1 Description of the Change				
Current situation/ condition:				
Target change (situation/ condition, motivation):				
Reasons for change:				
Expected savings:				
System/ location/ organization which is affected (benefitted) by the change:				
1.2 Is it a temporary change?		<input checked="" type="radio"/> No <input type="radio"/> Yes	Temporary change valid until:	Date
1.3 Impact of the Change				
Would the change impact:	process equipment?	<input type="radio"/> Yes <input checked="" type="radio"/> No	organization?	<input type="radio"/> Yes <input checked="" type="radio"/> No
	process systems?	<input type="radio"/> Yes <input checked="" type="radio"/> No	operability?	<input type="radio"/> Yes <input checked="" type="radio"/> No
	systems interfaces?	<input type="radio"/> Yes <input checked="" type="radio"/> No	operations environment?	<input type="radio"/> Yes <input checked="" type="radio"/> No
	other?			
Description of the Impact of the Change:				
1.4 Will the change modify the risks with respect to: ↑: increase, ↓: decrease	Human	<input type="radio"/> ↑ <input checked="" type="radio"/> ↔ <input type="radio"/> ↓	Environment	<input type="radio"/> ↑ <input checked="" type="radio"/> ↔ <input type="radio"/> ↓
	Reputation	<input type="radio"/> ↑ <input checked="" type="radio"/> ↔ <input type="radio"/> ↓	Finance (asset & production)	<input type="radio"/> ↑ <input checked="" type="radio"/> ↔ <input type="radio"/> ↓

2. Change Review (To be Filled by Change Review Committee)

2.1 Assign Technical Authority

Role	Function	Name/ Department	Signature	Date
Team Lead				
Team Members				
QC Team:				
Other Consulted:				

3. HSE Hazard / Risk Analysis (To be Filled by Technical Authority)

3.1 Risk Assessment prior to start-up/ go-live

Description of Jobs and Activities	Range of Vulnerabilities (Hazards/ Threats)				Risk (Damage Expected)			Risk Calculation			Controls Solicited
	Physical	Chemical	Biological	Social	Human	Environment	Assets	Probability	Consequence	Risk Rating	

3.2 Costing prior to start-up/ go-live

Estimated Cost	Material Requirement	Labor Strength	Other Resources
Estimated Time For Execution:			

3.3 Actions to be implemented prior to start-up/ go-live

No.	Description	Responsible(s)	Date	Results
1.				
2.				
3.				
4.				
5.				
6.				
7.				

4. Approval of MoC (For Modification Job and Fund)

Concerned Competent Authority	Approval		Domain/ Department/ Section	Signature	Date
	Job	Fund			
Executive Director	<input type="checkbox"/>	<input type="checkbox"/>			
General Manager	<input type="checkbox"/>	<input type="checkbox"/>			
Area Manager	<input type="checkbox"/>	<input type="checkbox"/>			
Location IC	<input type="checkbox"/>	<input type="checkbox"/>			
Sectional IC	<input type="checkbox"/>	<input type="checkbox"/>			

5. Data Entry

Approval Entered in Record		
Drawings Marked As Approved For Construction		
Document Controller	Signature (Name/ Department)	Date

6. Quality Checks

Pre-Commissioning Checks Complete		
Commissioning Checks Complete		
Team Leader	Signature (Name/ Department)	Date

7. Close & Archive MoC

MoC Initiator	Signature (Name/ Department)	Date
QC	Signature (Name/ Department)	Date
Location IC	Signature (Name/ Department)	Date
Notes for closing:		