



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				
<i>Current situation/ condition:</i>				
<i>Target change (situation/ condition, motivation):</i>				
<i>Reasons for change:</i>				
<i>Expected savings:</i>				
<i>System/ location/ organization which is affected (benefitted) by the change:</i>				
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:	Human	<input type="radio"/> ↑ <input checked="" type="radio"/> ↔ <input type="radio"/> ↓	Environment	<input type="radio"/> ↑ <input checked="" type="radio"/> ↔ <input type="radio"/> ↓
↑: increase, ↓: decrease	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
	<i>Physical</i>	<i>Chemical</i>	<i>Biological</i>	<i>Social</i>	<i>Human</i>	<i>Environment</i>	<i>Assets</i>	<i>Probability</i>	<i>Consequence</i>	<i>Risk Rating</i>	

3.2 Costing prior to start-up/ go-live

Estimated Cost	Material Requirement	Labor Strength	Other Resources
<i>Estimated Time For Execution:</i>			

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		
<i>Document Controller</i>	Signature (Name/ Department)	Date

6. Quality Checks

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

7. Close & Archive MoC

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