# Management of Change Checklist

| | |
|---|---|
| **Green: Change Originator** | **Orange: Change Manager** | **Red: Change Reviewers** | **Blue: Change Finalizer** |

**Purple: MOC Coordinator**

## PART 1 – (Purple) MOC Coordinator Section 1

| | | | |
|---|---|---|---|
| **MOC Coordinator: (name)** | | **Signature:** | **Date:** |
| **MOC Number:** | **2017.** | **Signature:** | **Date:** |
| **MOC Initiated?** ☐ yes ☐ no | | **Signature:** | **Date:** |

## PART 2 – (Green) Change Originator Section          Date Completed _____

| | | |
|---|---|---|
| **Change Originator:**(name) | | **(Signature):** |
| **Originator Initiation Date:** | **Proposed Date of Change (Recommended 6 months or less):** | |
| **Proposed Change:** | | |
| **Description and Reason of change:** | | |

## PART 3 – (Orange) Change Manager Section 1 –          Date Completed _____

| | |
|---|---|
| **Change Manager:**(name) | **MOC Coordinator:**(name) |
| **Change Finalizer:**(name) | **Document Administrator:**(name) |
| **Change Reviewers:**(names) | |
| **Affected Personnel:**(names) | |

**Change Impact:**   Safety & Health ☐   Environment ☐   Loss Prevention ☐   Operations ☐   Human Resources ☐

**Change Type:**   Emergency: ☐   Management Initiated: ☐   Permanent: ☐   Temporary: ☐ Dates:

**Change Categories** (Mark all that apply)

| | | |
|---|---|---|
| ☐ Facility Additions or Modifications | ☐ Equipment Change or Modification | ☐ Work Practices or Best Practices |
| ☐ IT/Computers/Systems | ☐ Subcontractor Role Change | ☐ Procedure/Process/Method/Operation |
| ☐ Chemical/Contaminant/Product | ☐ Personnel Addition or Removal | ☐ Policy or Standard |
| ☐ Documentation or Records | ☐ Individual's Role or Job Description | ☐ Other: |

## PART 4 – (Red) Change Review Checklist

| Yes | No | N/A | Initials | Date Completed | |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | | | MOC Coordinator has been notified of initiated Change and start of Change Review? |
| ☐ | ☐ | ☐ | | | Appropriate Reviewers have been selected to review the Change? |
| ☐ | ☐ | ☐ | | | Process engineering, technician, or manager personnel consulted, if needed? (name): |
| ☐ | ☐ | ☐ | | | Equipment specifications and Maintenance/Parts technician consulted, if needed? |
| ☐ | ☐ | ☐ | | | Comply with Federal, State, and Local safety and engineering standards? |
| ☐ | ☐ | ☐ | | | Reactive chemicals identified and evaluated, if exists? |
| ☐ | ☐ | ☐ | | | Chemicals/materials reviewed for regulation requirements, safety guidelines, and compatability? |
| ☐ | ☐ | ☐ | | | Comply with Federal, State, Local, and Corporate Environment, Health, Safety and Loss Prevention requirements? |
| ☐ | ☐ | ☐ | | | EH&S representative contacted? (name) |
| ☐ | ☐ | ☐ | | | All known new, existing, or potentially existing hazards have been discussed and evaluated? |
| ☐ | ☐ | ☐ | | | All known gaps have been discussed and corrected? |
| ☐ | ☐ | | | | Reviewers have reviewed Change? (Initials): |

### MOC Gaps, Impacts, & Comments Section

| Name | Comment |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

### MOC Corrections & Revisions Section

| Name | Comment |
|---|---|
| | |

Date:

Owner:

| | | | | |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| **Change Passed?** ☐ | **Change Halted?** ☐ | **Signature:** | | **Date:** |
|---|---|---|---|---|

## PART 5 – (Blue) Change Final Approval Process

| Change Finalizer: (name) | | **Signature:** | | **Date:** |
|---|---|---|---|---|
| Change Reviewed? ☐ yes ☐ no | | **Signature:** | | **Date:** |
| Gaps Found? ☐ yes ☐ no | | **Signature:** | | **Date:** |
| Change Approved? ☐ | Change Halted? ☐ | **Signature:** | | **Date:** |

## PART 6 – (Orange) Change Manager Section 2

### Post Change Approval Review Checklist (Before Start Up if applicable)

| Yes | No | N/A | Initials | Date Completed | |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | | | Pre-startup Safety Audit conducted? (name) |
| ☐ | ☐ | ☐ | | | Training Program completed or updated? (name) |
| ☐ | ☐ | ☐ | | | Training method? (circle): one-on-one, independent review, presentation, or hands-on |
| ☐ | ☐ | ☐ | | | Job Procedures written and approved? (name) |
| ☐ | ☐ | ☐ | | | All affected personnel have been notified and trained on the change? |
| ☐ | ☐ | ☐ | | | Contractor notified, if required? (name) |
| ☐ | ☐ | ☐ | | | All known new, existing, or potentially existing hazards have been evaluated and mitigated? |
| ☐ | ☐ | ☐ | | | Work Plans, HASPs, Procedures, Policies, MOC history page, and Documentation updated? |

| Action Items: | | | List action item(s) | Department: | Name: |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | | | |
| ☐ | ☐ | ☐ | | | |
| ☐ | ☐ | ☐ | | | |

| Change Manager: (name) | | **Signature:** | **Date:** |
|---|---|---|---|

### Temporary Change Section:

**Expiration Date:** _____   **Inspection Frequency:** _____   **Change Status:** _____

**Reason, details, and comments:**

| | | | |
|---|---|---|---|

| Change has been returned to its normal status? ☐ yes ☐ no | **Signature:** | **Date:** |
|---|---|---|
| Change has been made permanent? ☐ yes ☐ no | **Signature:** | **Date:** |

### Change Training Verification & Change Acknowledgment Section:

Describe how training has been or will be accomplished:

| Affected? | Name (Print) | Acknowledgement/Signature | Date |
|---|---|---|---|
| ☐ yes ☐ no | | | |
| ☐ yes ☐ no | | | |
| ☐ yes ☐ no | | | |
| ☐ yes ☐ no | | | |
| ☐ yes ☐ no | | | |
| ☐ yes ☐ no | | | |
| ☐ yes ☐ no | | | |
| ☐ yes ☐ no | | | |
| ☐ yes ☐ no | | | |
| ☐ yes ☐ no | | | |

## PART 7 – (Orange) Change Manager Section 3

| Implementation of the Change was completed? ☐ yes ☐ no | **Signature:** | **Date:** |
|---|---|---|

## PART 8 – (Purple) MOC Coordinator Section 2

| MOC Documented? ☐ yes ☐ no | **Signature:** | **Date:** |
|---|---|---|

Date:

Owner:

| PART 9 – (Orange) **Post Change Effectiveness Evaluation** | | | | |
|---|---|---|---|---|
| **Yes** | **No** | **Initials** | **Date Completed** | |
| ☐ | ☐ | | | Post-Change Safety Audit conducted? (name) |
| ☐ | ☐ | | | Reviewed for Effectivness? |
| ☐ | ☐ | | | Was Change Effective? |
| ☐ | ☐ | | | Is the Change accomplishing its original intent? |

**Comments:**

**Change Manager:**(name) | **Signature:** | **Date:_____**

Date:

Owner: