**Office:** **Date:** **Request No.:**

**Status**: Permanent 🞏 Temporary 🞏 **Category**: Personnel 🞏 Equipment 🞏 Operational 🞏 Documentation 🞏

**Minimum Approval Level Required**: MD/GM/Fleet Director 🞏 Fleet Manager 🞏 MSQM 🞏

|  |  |
| --- | --- |
| Suggested Change \* |  |
| Reason for Change |  |
| Person(s) proposing change. | Name: Signature:  Name: Signature: |
| Persons affected by Change (Crew and 3rd Party contractors) | Date above persons notified of proposed change: |

\*If change effects vessel, to be reviewed by senior on board officer. Correspondence to be attached.

|  |  |  |  |
| --- | --- | --- | --- |
| Implications of Change to: | To be detailed in Risk Assessment | Implications of Change to: | To be detailed in Risk Assessment |
| Existing Structure | Yes 🞏  Key Points: | **International & Locals regulations** | Yes 🞏  Key Points: |
| Existing Procedure | Yes 🞏  Key Points: | **Industry Standards** | Yes 🞏  Key Points: |
| Safety | Yes 🞏  Key Points: | **Seamanship Practices** | Yes 🞏  Key Points: |
| Environment | Yes 🞏  Key Points: | **Documentation (Including drawings and Plans)**  **Modification 🞏**  **Renewal 🞏** | Yes 🞏  Key Points: |
| Security | Yes 🞏  Key Points: | **Training Requirements** | Yes 🞏  Key Points: |

|  |  |  |  |
| --- | --- | --- | --- |
| Target Date for Completion: | | Where Target Date not met, revised Target Date: | |
| Date Completed: | |  | |
| Responsible Person to coordinate work: | |  | |
| Approved by: |  |  |  |

Name Signature Date:

|  |  |  |  |
| --- | --- | --- | --- |
| Re-Approved by: |  |  |  |

Name Signature Date: