**Management of Change (MOC)**

1. **Purpose**

The purpose of this procedure is to define the process for identifying and controlling safety, health and environmental hazards to equipment, materials, personnel, and operating procedures that are not “replacement in kind”.

1. **Key Responsibilities**

Change Requester

* Initiates and completes the Change Management process.
* Obtains appropriate resources for all change tasks.

Change Manager

* Coordinates the change approval and rejection process which incorporates routing to reviewers, receiving reviewer responses, relaying appropriate information to requesters, negotiation with all parties, and final ruling.

Change Advisory Board

* Consists of qualified members with the appropriate knowledge and authority to assess and make decisions from a safety, technical, and business perspective.
* Advises the Change Manager in the assessment, approval, prioritization, and scheduling of changes.

1. **Initiation**

* The Change Requester will initiate the change process by completing a MOC request form and submitting it to the Change Manager for review.
* The MOC request shall include a detailed description of the proposed change, justification for the change, a completion date if temporary, how the change will be communicated to affected personnel, the expected impact on the environment, and the expected impact on the safety and health of the employees affected by the proposed change.

1. **Review and Approval**

* The Change Manager and Area Supervisor will review the MOC request for procedural compliance, information quality, feasibility, and completeness.
* The Change Manager and Area Supervisor will reject, accept, or request additional information for the proposed changed.
* If the proposed change is deemed appropriate, not a “replacement in kind”, and all safety health and environmental concerns have been met, the MOC request is submitted to the Change Advisory Board for review and approval.
* The Change Advisory Board will apply their knowledge, experience, and background to assess the proposed change for risks and unintended consequences and make recommendations to reduce risk, increase likely success, and minimize business impact.
* All MOCs must include an assessment of the impact to safety, health, and the environment to determine what and whom the proposed change will affect.
* Upon approval, the MOC form is submitted back to the Change Requester for implementation.
* Rejected Changes are also submitted back to the Change Requester who must reevaluate the MOC for completeness and correctness prior to resubmission.

1. **Implementation**

* The Change Requester must communicate the change(s) to all appropriate personnel.
* The authorized change must be monitored by the Change Manager to ensure that all guidelines laid out in the process document are being followed.
* The authorized change must be canceled immediately if found not suitable.
* Notification of a canceled MOCs must be made to the Change Advisory Board.
* The Change Advisory Board will review the completed change to ensure proper and successful implementation.
* Once the work activity is completed, the MOC document must be kept on file.

1. **Emergency MOC**

* Emergency MOCs may be utilized in situations where a change is required as part of an emergency action to avoid injury to personnel, damage to equipment or facilities, and adverse impact on the environment or community.
* Emergency MOCs must have a review and approval by three knowledgeable individuals prior to implementation.
* Hazards associated with the emergency change or with implementing the emergency change must be considered and documented within the emergency MOC.
* Emergency MOCs must be reviewed using the normal MOC process starting on the next business day after the change was made.

1. **Training**

All employees with the potential to cause or suggest changes will receive training in the MOC process, identifying changes that require review through the MOC process, and initiating MOC reviews. Training is required when:

* Initially assigned responsibilities for recognizing changes.
* Changes are made to the standard.
* Deviations to the requirements are identified.
* Every three (3) years.

**Management of Change Control Form**

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| --- | --- | --- | --- | --- | --- | --- |
| **General Information** | | | | | | |
| Change Requestor Name | | | | | | Date |
|  | | | | | |  |
| Office | | | | | | |
|  | | | | | | |
| Contact | | Phone | | Email | | Fax |
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|  | |  | |  | |  |
| **Change Request Definition - (Fill in this section before submitting to Change Control Team)** | | | | | | |
| Type of Change | | | | | | |
| Temporary  Permanent If Temporary, provide expected completion date: | | | | | | |
| Description – Describe the proposed change. | | | | | | |
|  | | | | | | |
| Justification – Justify why the proposed changes should be implemented. | | | | | | |
|  | | | | | | |
| Impact of Not Implementing – Explain the impact if the proposed change is not implemented. | | | | | | |
|  | | | | | | |
| Impact of Implementing – Explain the impact if the proposed change if implemented. Include environmental, safety and health impacts. | | | | | | |
|  | | | | | | |
| Alternatives – If applicable - provide up to three alternatives that could be implemented instead of the proposed change. | | | | | | |
|  | | | | | | |
| Communication of Change – Indicate how the proposed change will be communicated to affected personnel. | | | | | | |
| Training  Email  Revised SOP Name of Person(s) Responsible for Communication: | | | | | | |
| **Change Control Team Review – (Change Manager, Area Supervisor, etc.)** | | | | | | |
| Review Date | Team Members | | Notes | | Recommendation | |
|  |  | |  | | Approve  Reject  Request Additional Info.  Defer Until: [DATE] | |
| Rationale for Recommendation – State the rationale for recommendation. | | | | | | |
|  | | | | | | |
| **Change Request Final Approval by Change Advisory Board** | | | | | | |
| Final Approval Date | Name | | Title | | Recommendation | |
|  |  | |  | | Approve  Reject | |
| Special Instructions – Provide any additional information regarding the final recommendation. | | | | | | |
|  | | | | | | |
| Alternative Selected and Implemented – Provide a brief description of the alternative selected | | | | | | |
|  | | | | | | |