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| Date CM Received: | | Tracking#: CPF-CR-012 | |
|  | **CLARREO Pathfinder** **Change Request Form** | | | | | |
| **Initiator** | SECTION I: INITIATOR | | | | | |
| Initiator: C. Hutchinson | Phone #: 598-1423 | | Date Initiated: 2/21/2018 | | E-mail: craig.d.hutchinson@nasa.gov |
| Title: Science and Mission Requirements Document Revision A | | | | | |
| **Nature of Request:**  Initial Baseline  Revision  Directive  Waiver/Deviation | | | **Change Classification**  Class I (Major)  Class II (Minor)  **Processing Priority**:  Routine (30 Calendar Days)  Urgent (15 Calendar Days)  Emergency (24 Hours)  Rationale: | | |
| Affected Product:(Title, #, Rev.)  Model Analysis  DocumentDrawing Part Contract Other | | | | | |
| Detailed Description: *Updates to SMRD* to reflect reorganization of science and mission requirements based upon LASP feedback. See attachment for specific changes. | | | | | |
| Justification: | | | | | |
| Other Items Affected (Title, #, Rev.) (as applicable):  Model Analysis  DocumentDrawing Part Contract Other | | | | | |
| **Change Package Engineer** | SECTION 2: CHANGE PACKAGE ENGINEER | | | | | |
| Impact (if incorporated):  Cost (if affected) Estimated Amount:  Schedule (if affected) CSA Milestones Level 1 Milestones  Safety (if affected) Description:  Other (if affected)       Description: | | | | | |
| Risk Evaluation | | | | | |
| Impact of Non-incorporation: | | | | | |
| Recommended Disposition:  Approve  Disapprove  Hold | | | | | |
| Comments: | | | | | |

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| CCB |  | | | | | | | |
| CCB Disposition        [enter comment from Chairperson]  Approve Approved w/changes Disapproved Hold      [until date]   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **CCB Polling** | **Approved** | **Approved w/changes** | **Disapproved** | **Hold** | **No**  **Recommendation Provided** |  | | Craig Hutchinson |  |  |  |  |  |  | | Brian Boland |  |  |  |  |  |  | | James Corliss |  |  |  |  |  |  | | Gary Fleming |  |  |  |  |  |  | | Bruce Wielicki |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |     **Actions:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Action Number** | **Assigned To** | **Description** | **Date Assigned** | **Required Completion Date** | |  |  |  |  |  | | | | | | | | |
| Solution Assigned To:       Date Required: | | | | | | | |
| Available in Release: | | | Effective Date: | | | | |
| Chairperson electronic signature: | | | | | | | |
| **Solution Provider** |  | | | | | | | |
| Description of Procedures Taken (including items changed): | | | | | | | |
| Actual Resource/Schedule Impacts: | | | | E-mail: | | | |
| Completed By/Date: | Actual (days): | | | | Phone: | | |
| **CM** |  | | | | | | | |
| Closed By: | | Phone: | | | | E-mail: | Date: |
| Closure: Withdrawn Obsolete Completed & verified | | | | | | | |
| Comments: | | | | | | | |

| **Change Form Processing Instructions** | |
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| CM | Date CM Received: *the day notified by the Initiator*  Tracking Number: *the number assigned by CM* |
| Initiator | Change Request initiator (Initiator) completes “Initiator” portion of the form providing the following information:  Initiator: *Initiator’s name*  Date Initiated: *date initiated by the Initiator*  Phone #: *Initiator’s phone number*  E-mail: *Initiator’s email address*  Title: *a one-line description of the change*  Nature of Request: *check box indicating whether this is a Product initial baseline, Product revision, Directive issued by the Project Manager or Request for Waiver/Deviation*  Affected Product: *check box indicating primary affected product; provide specific product identification*  Detailed Description*: provide a detailed description of the change. From/ To verbiage*  Justification: *provide why does this fix/change need to occur*  Other Items Affected: *indicate any additional products that would affected by incorporation of this change*  Change Classification: *check box indicating whether change is substantive (major) or trivial (minor)*  Processing Priority: *check box indicating urgency of disposition. If change is identified as Urgent or Emergency, detailed rationale must be included*. Guidelines:   * *An* ***Emergency*** *priority shall be assigned when failure to immediately implement a change in operational characteristics may seriously compromise the effectiveness of the equipment or when a hazardous condition exists that may result in serious injury or extensive damage of equipment.* * *An* ***Urgent*** *priority shall be used to label a change that, if delayed would cause schedule slippage or cost increases.* * *A* ***Routine*** *priority shall be used when the conditions specified above do not exist.* |
| Change Package Engineer | Those assigned to evaluate the Change and shall complete this section.  Impact: *check box Cost, Schedule, Safety and/or Other; provide estimated cost and schedule impact and detail description of safety and Other impacts.*  Risk Evaluation: provide narrative on positive and negative impacts to risks; provide full description of any new risks introduced by the change.  Impact of Non-incorporation: *explain the ramifications if this fix/change isn’t implemented*  Recommended Disposition: (check the appropriate box)  Approve: *approve the proposed fix/change.*  Disapprove: *disapprove the proposed fix/change.*  Hold: *hold for further information*  Comments: *briefly explain rationale behind recommendation*  E-mail: *e-mail of the lead CPE*  Phone: *phone number of the lead CPE*  Date: *date lead CPE completed this section* |
| CCB/ Secretariat | The Secretariat for board shall complete this section.  Disposition: (Check the appropriate box):  Approve: *approve the proposed fix/change*  Approve w/ changes: *approved with changes*  Disapproved: *disapprove the proposed fix/change*  Hold: *hold for further information. Items held for further information will be statused.*  Actions: *to be completed if any actions to be taken*  Solution Assigned To*: person* *responsible for incorporation of change.*  Date Required: *date solution must be returned*  Available in Release: *what CI item(s) will capture change*  Effective Date: *date fix to be implemented*  Chairperson electronic signature: *formal capture* |
| Solution Provider | The Solution Provider is responsible for implementing the fix/change in accordance with this document and providing the following:  Description of Procedures Taken (including items changed): *“From/To” language – may include attachments.*  Actual Resource/Schedule Impacts: *actual impacts, or best estimates*  E-Mail: *email address of Solution Provider*  Completed By/Date: *date* *Solution Provider completed this section*  Actual (days): *how long did the fix/change take to implement*  Phone: *phone number of the Solution Provider* |
| CM | CM who then completes this section:  Closed By: *who reviewed the changes from the CM*  Closure: *checkbox identifying mode of closure*  Phone: *phone number of the CM*  E-Mail: *email address of CM*  Date*: date* *CM completed this section*  Comments*: Comment section for the CM. CM then files the report, updates applicable status accounting information, and notifies management of fix/change status*. |