



CHECKLIST FOR MANAGEMENT OF CHANGE

Vessel/Office/Department: _____ **Date :** _____
Name and Rank / Position: _____ **Type of Change Requested :** _____
Control Number: _____

This Checklist is to be completed and submitted for the Fleet Manager or D/GM (MSD) review.

No.	On Completion of Change	Yes	No	Na
1.	Has the change been successfully completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has the change met its objective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Has Change been notified, Plans & Drawings updated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is a follow-up with class or flag state required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	If Yes, has the follow up been completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Have Work Permits, if issued, been closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Has the Lock Out/Tag Out been removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Has the status of the change record into the form ADM017	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Has the identified training successfully conducted? If yes, the shipboard or Shore training attendance sign by trainee is to be submitted to the GM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Has the complete process been documented and Closed Out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Other Information and observation after the change:			
12.	Remarks:			
13.	Feedback (If any):			

Name of Requester: _____ **Signature:** _____
Reviewed By: _____ **Signature:** _____