**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 |  |  |  |
| 2. | Has the change met its objective |  |  |  |
| 3. | Has Change been notified, Plans & Drawings updated |  |  |  |
| 4. | Is a follow-up with class or flag state required |  |  |  |
| 5. | If Yes, has the follow up been completed |  |  |  |
| 6. | Have Work Permits, if issued, been closed |  |  |  |
| 7. | Has the Lock Out/Tag Out been removed |  |  |  |
| 8. | Has the status of the change record into the form **ADM017** |  |  |  |
| 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 |  |  |  |
| 10. | Has the complete process been documented and Closed Out? |  |  |  |
| 11. | Other Information and observation after the change: | | | |
|  |  | | | |
| 12. | Remarks: | | | |
|  |  | | | |
| 13. | Feedback (If any): | | | |
|  |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Requester:** |  |  | **Signature:** |  |
| **Reviewed By:** |  |  | **Signature:** |  |