# MANAGEMENT OF CHANGE

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| --- | --- | --- | --- | --- |
| **Vessel/Office/Department:** |  |  | **Date :** |  |
| **Name and Rank / Position:** |  |  | **Type of Change Requested :** |  |
| **Control Number (Issued by Safety Coordinator):** |  |  |  |  |

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| **Section 1: Submitted By** | |
| Vessel / Office / Department: |  |
| Name & Rank / Position: |  |
| Date (dd/mm/yyyy): |  |

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| **Section 2: Change Requested** | |
| Change affects Operations, Ship’s Equipment or Personnel |  |
| Reason for the change |  |
| Detailed description of requested change |  |
| Is the requested change Temporary or Permanent |  |
| Has the changes made known and communicated to the personnel |  |
| Has the initial Risk Assessment been carried out |  |
| Has the initial Risk Assessment submitted for evaluation |  |
| Suggested Timescale (if applicable) required for completing the requested change |  |

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| **Section 3 - Checklist to be completed for approval** | | | | | |
| **No.** |  | | **Yes** | **No** | **Na** |
| 1. | Is a change necessary | |  |  |  |
| 2. | Are circumstances conducive to effect the change | |  |  |  |
| 3. | Would there be an identified benefit from this change | |  |  |  |
| 4. | Has an initial risk assessment been drawn up | |  |  |  |
| 5. | If Yes, has the GM been appraised | |  |  |  |
| 6. | Does the change require Class or Flag State approval | |  |  |  |
| 7. | If Yes, has the necessary permission been obtained | |  |  |  |
| 8. | Is there any training requirement for the ship/Shore personnel | |  |  |  |
| 9. | Will the change affect the safety of the vessel | |  |  |  |
| 10. | Will the change affect the state of other machinery or processes | |  |  |  |
| 11. | Does the Change require Work Permits to be issued | |  |  |  |
| 12. | If Yes, have the appropriate Work Permits been issued | |  |  |  |
| 13. | Has the process / machinery that requires the change been suitably isolated. | |  |  |  |
|  | - Electrical Machinery should be isolated and locked out | |  |  |  |
|  | * + - Only a designated or authorized person should be in a position to make the   + process or machinery active on completion | |  |  |  |
| 14. | * + Is the person Managing the Change adequately qualified & trained | |  |  |  |
| 15. | Have the risks and timelines been discussed with those involved | |  |  |  |
| 16. | Will the change affect the environment | |  |  |  |
| 17. | Does the change affect the Security integrity of the vessel | |  |  |  |
| 18. | If Yes, the environment impact and control measures are to be provided as below: | | | | |
|  | Environmental Impact | Control Measure | | | |
|  |  |  | | | |
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**Note:**

1. The Requester being the Senior Ship Management (SSM) or any Manager ashore is to sign this checklist.
2. The form ADM008 is to be completed and submitted for the Fleet Manager or D/GM (MSD) review after completion of change.
3. Vessel is to inform office immediately the changes cannot be carried within the proposed time scale. Office is to review and revalidate the MOC.

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

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| **Section 4: Evaluation** | | |
| Name of the composition Team Member (If any): | | |
| Remarks: | | |
| **Reviewed and Signed By**  **Fleet Manager or D/GM (MSD): …..…….……………………………** |  | **Date: ……………………………………**  **Date: ……………………………………………** |

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| **Section 5: General Manager Action** | | | |
| Request Denied |  | Reason: |  |
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| Request Deferred or Under Review |  | Reason: |  |
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|  | | |  |
| Request Accepted |  |  | Review by GM |
|  |  |  | Timescale set \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | Training Requirements identified |
|  |  |  | Drawings, procedures and other technical documents updated/approved (if applicable). |

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| **Section 6: Approval** | | |
| **Approved and Signed by GM: …..………………………………** |  | **Date: ……………………………………**  **Date: ……………………………………………** |

**Approvers Digital Signature:**

|  |  |  |
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| SL | Approver Name | Signature |
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