

PART 1 – Change Management

Change Reference:	
Change Title:	
Source of Change:	<input type="checkbox"/> HRH <input type="checkbox"/> DTS <input type="checkbox"/> Other (specify):
Change Sponsor:	
Anticipated date of Implementation:	
Type of Change	<input type="checkbox"/> Technical <input type="checkbox"/> Operational <input type="checkbox"/> Organizational <input type="checkbox"/> Other (specify):

PART 2 – Description of Change

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PART 3 – Benefits of Change

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PART 4 – Impacts of Change

Which staff are affected?	<input type="checkbox"/> HRH Operations <input type="checkbox"/> HRH Maintenance <input type="checkbox"/> HRH Support Staff <input type="checkbox"/> Other (Specify):
Are there Regulatory Impacts?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If Yes: <input type="checkbox"/> HDOT Permissioning <input type="checkbox"/> Permits / Consents <input type="checkbox"/> Other (Specify):
Is the Core Systems Contract Impacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If Yes, please summarize impact:
Is O&M Performance Impacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If Yes, please summarize impact:
Is Safety Impacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If Yes, what is the proposed change category: <input type="checkbox"/> 1 <input type="checkbox"/> 2 Is the change a Significant change? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Is the Configuration Impacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If Yes, please summarize impact:
Is the Environment Impacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If Yes, please summarize impact:

PART 5 – Outline Scope of Works

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HITACHI  Hitachi Rail Honolulu JV	FORM
	INITIAL IMPACT ASSESSMENT FORM

PART 6 – Estimated Costs / Savings	
Capital Expenditure	
Operating Expenditure	
Risk / Contingency	
Other	

PART 7 – Initial Safety Assessment	
Justification of Category	
Risks Impacted	
Likely Control Measures	

PART 8 – Change Control Board Decision	
CCB Meeting Date:	
CCB Decision:	<input type="checkbox"/> Accepted <input type="checkbox"/> Accepted with Comments <input type="checkbox"/> Rejected Also refer to Action Log and Meeting minutes
Confirmed Safety Category:	<input type="checkbox"/> Level 0 (No Safety Impact) <input type="checkbox"/> Level 1 (Minor) <input type="checkbox"/> Level 2 (Major) <input type="checkbox"/> Significant
CCB Comments Including conditions, caveats, restrictions (and requirements for re-submission if applicable)	
Signed: Head of HSE
	On behalf of the Change Control Board