Change Control Form

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1. Change Details

Change Title:

(Describe the change clearly)

Change Category:

- ☐ Standard Change
- ☐ Normal Change
- ☐ Emergency Change

Requested By:

Name / Department

Date Submitted:

(Insert Date)

Proposed Implementation Date:

(Insert Date)

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2. Description of Change

Provide a detailed description of the change, including what systems or services will be affected.

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3. Reason for Change

Explain the business or security justification for this change.

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4. Systems Affected

List all servers, endpoints, applications, cloud workloads, or network devices impacted.

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5. Risk Assessment

Risk Area	Risk Level (Low/Med/High)	Notes
Operational Impact		
Security Risk		
User Impact		
Reboot Required	Yes / No	
Downtime Required	Yes / No	Duration: __

6. Testing & Validation

Testing Performed:

Describe testing steps conducted in staging or pilot environment.

Test Results:

Summarise findings and validation.

Rollback Procedure Verified?

- ☐ Yes
- ☐ No

7. Implementation Plan

Step-by-step instructions for executing this change safely.

8. Rollback Plan

Document clear steps to revert to the previous state if issues occur.

9. Approvals

Role	Name	Signature	Date
Change Owner			
IT/Security Lead			
Business/System Owner			
Final Approver / Management			

10. Post-Implementation Review

Implementation Outcome:

- ☐ Successful
- ☐ Successful with Issues
- ☐ Failed (Rollback Triggered)

Notes:

Document lessons learned, issues encountered, and follow-up actions required.

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11. Document Control

Version	Date	Author	Changes
1.0	(Insert Date)	(Insert Name)	Initial Release