

Review each potential scenario:

Is proposed change involves use of hazardous chemicals?	Yes	YES	NO
Is proposed activity is new or change from routine?	Yes	YES	NO
Are activities planned that could place a mechanical device outside its design limitations (pressure, temperature, lift capacity, etc.)?	Yes	YES	NO
Could operation require/result in bypass or altering of emergency shut down or changes in process line or other safety system devices?	Yes	YES	NO
Are there changes to operating systems (electrical/service lines, P&ID, etc.) that could require re-training or JSA changes?	Yes	YES	NO
Is there an addition/change to contractor work group that requires change to JSA or increase in relative risk level?	Yes	YES	NO
Is there change in employee loading (hours worked, number on shift, etc.) which would increase relative risk level?	Yes	YES	NO
Is equipment/materials/process being added/changed, which would increase relative risk level or require re-training or change	Yes	YES	NO
Is there a change in legislative or internal HSE requirements requiring change in training or operations procedures?	Yes	YES	NO

Go to
AMNS/Project/SS/HSEM/
09/F02 – Change Impact
Assessment form

MOC is applicable ☐ YES ☐ NO

Note: If for any of the conditions is “YES”, Change Impact Assessment Form shall be completed.