|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Change Proposed by :** |  | **Date:** |  | **Ref:** |  | **Project/ Location:** |  |
| **Description of proposed change: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| TYPE OF CHANGE | | | | | | | |
| **🞎 EQUIPMENT** | **🞎 PROCESS** | **🞎 ORGANISATIONAL** | | | **🞎 WORK STANDARD** | | **🞎 OTHER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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|  | **ACCEPTED** |  | **DECLINED** | |
|  |  |  |  | |
| **Change Authorization** | **FUNCTIONAL AREA** | **Name** | | | **Signature** | | **Date** |
| AREA INCHARGE |  | | |  | |  |
| HSE |  | | |  | |  |
| PROJECT INCHARGE |  | | |  | |  |
| ANY OTHERS (IF REQUIRED) |  | | |  | |  |

**Reason for declining of changing (If declined):**

|  |  |
| --- | --- |
| Change completion date: | Audit/Review date: |