I. Data on Request and Proposed Change

1.) Proposed Change Title: ____________________________

2.) Name of Individual/Dept. Requesting Change: ____________________________

3.) Date of Request: ____________________________ Location/Dept (Bldg#): ____________________________

4.) Type of Change (circle): Chemical Equipment Process Technology Procedural Facility Organizational
   4.1) Other: ____________________________
   4.2) Change Status (circle): Temporary Permanent If Temporary, then list Expiration Date: ____________________________
   4.3) Change Tier (circle): Tier 1 or Tier 2

5.) Description of Proposed Change: ____________________________

6.) Justification of Change: ____________________________

7.) Potential Hazards or risk of not implementing proposed change: ____________________________

8.) List any Safeguards compromised with proposed change and associated actions to maintain safe operation: ____________________________

II. Approvals Required for Change

9.) Identify the required signatures for Proposed Change – two tiered review (see instructions for guidance):
   Operations/Facility Mgr: Signature: ____________________________ Date: ____________________________
   Building Facility/Safety: Signature: ____________________________ Date: ____________________________
   Operator Covered Process: Signature: ____________________________ Date: ____________________________
   Department Mgr: Signature: ____________________________ Date: ____________________________
   Tier 2 Change - requires all signatures above and below to proceed with proposed change
   Area Supervisor: Signature: ____________________________ Date: ____________________________
   Safety Officer: Signature: ____________________________ Date: ____________________________
   Bldg. or Utility Operations Engr: Signature: ____________________________ Date: ____________________________

Contingency – please denote any issues that you would like to highlight as part of your approval, including justification for not approving the proposed changes: ____________________________

III. Process Safety Management - Program Documentation

10.) Does the affected personnel (e.g. operations, maintenance, contractors, etc.) require notification or training associated with this change? Yes No