**Process Safety Management** 

 **Management of Change (MOC) Form**

**The purpose of the MOC Form is to provide a mechanism to track and manage changes and deviations to Process Safety Management (PSM) covered processes and documents.**

MOC Number (*completed by EHS Dept.*):

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| 1. Data on Request and Proposed Change
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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
	1. Other:
	2. Change Status (circle): Temporary - If temporary list expiration date:

Permanent

* 1. Change Tier (circle): Tier 1 or Tier 2
1. Description of Proposed Change:

1. Justification of Change:
2. Potential Hazards or risk of not implementing proposed change:
3. List any Safe Guards compromised with proposed change and associated actions to maintain safe operation:

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| 1. Approvals Required for Change
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1. 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:

EHS Department: 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:

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| 1. Process Safety Management - Program Documentation
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1. Does the affected personnel (e.g. operations, maintenance, contractors, etc.) require notification or training associated with this change? Yes No
2. Are operating procedures or maintenance procedures required to be updated as a result of this change?

Yes No

* 1. If Yes – is additional training on new procedures required before change?

Yes No

1. Does P&ID or other drawings require updating based on change?

Yes No

1. Is the PHA, Offsite Consequence Analysis or Emergency Response Procedures impacted by this Change?

Yes No

1. Does the Process Safety Information require updating as a result of this change?

Yes No

1. If the change includes new equipment, has the Mechanical Integrity and testing inspection requirements updated accordingly (e.g. equipment numbers obtained, PM schedule entered into Maximo, spare parts, etc.)? Yes No
2. Other impacts to Covered Process (if Yes, list)? Yes No

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| 1. Follow Up and Action Items
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1. Training and communications completed with (list groups):
	1. Date:
2. Pre-Startup Safety Review Completed with Change: Yes No N/A
	1. Date: List Participants:
3. List any other actions required as part of this change, the individual/group responsible & due date:

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| 1. MOC Closure
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1. MOC Closure (after follow up and action items are complete) – Comments:

Name: Date:

03/2016 [PSM-SOP-UN-003ata]