

MANAGEMENT OF CHANGE FORM

Mine/Project:

Modification After Start-up Number:

Brief Description of Change:

Choose:

- Planned Change
- Unplanned Change
- Emergency Change (24-48 hours)
- Temporary Change (3-6 months and back to prior to the change)

Originated by: Enter Name Here

Date Requested: Enter Date Here

Date Required: Enter Date Here

CHANGE MANAGEMENT QUESTIONNAIRE

Any new activity or change to existing activities must be evaluated as to whether the Management of Change process is required. If answers to any of the following questions is YES or UNKNOWN the process must be completed and authorized by management prior to implementation of the change.

QUESTIONS	NO	YES	Unknown
1. Does the change affect any existing safety equipment or procedure or require any new safety equipment or procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the change introduce new plant or equipment or alter existing plant or equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the change introduce any new process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the change introduce any new design, construction or standard operating procedure (SOP) or modify an existing SOP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the change introduce any new maintenance procedures or change to an existing one?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the change introduce any new software systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the change introduce any new personnel roles and/or responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the change affect any emergency procedures, the emergency response plan (ERP) or alarms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the change result in new or increased emissions to air, water or land?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Will the change result in an increase in surface disturbance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the change result in an increase in waste generated or generate a new waste?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Will the change involve/ concern the local community or external stakeholders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Will the change require new or revisions to existing permits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Will the change require an increase in or the introduction of a dangerous or hazardous substance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Will the change require unbudgeted money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Does the change involve types or quantities of chemicals or materials used or stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Does the change involve an increase in noise, vibration, temperature, pressure or weight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Does the change involve working alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessed Level of Change: Level 1 Level 2 Level 3 Level 4

(See next page for guidance on Level Assessment)

Risk Assessment Requirements:

Level 1 and 2 Changes require a Formal Risk Assessment and Action Plan

Level 3 Changes require a Job Hazard Analysis and Action Plan

Level 4 Changes require a Field Level Risk Assessment (5-Point Card)

*** An action plan detailing controls / remedial actions taken to minimize risks identified, assigning responsibility for the actions and due dates must be developed and implemented during the RA process.*

TABLE 1: LEVEL OF CHANGE

DEGREES OF IMPACT OF CHANGE	RISK ASSESSMENT REQUIRED	Review Authorization Requirement
<p>LEVEL 1</p> <ul style="list-style-type: none"> • Process Chemistry • Plant/Hoist Equipment/Component Design Specifications • HSE Systems • Major Revisions to Equipment and Procedures • PLC/DCS Logic • Emergency Procedures 	<p>Formal Risk Assessment and Action Plan</p>	<p>Designated Expert Area Supervisor Department Manager Technical Manager Supply Chain (procurement) Superintendent Safety and Health Environmental Manager A-GM or General Manager</p> <p>(As necessary) Community Relations Manager</p>
<p>LEVEL 2</p> <ul style="list-style-type: none"> • Structural modification • Standard Operating Procedures (outside of normal operating parameters, i.e., seals, belts, temperatures, flow, etc. • Safe work procedures development e (permits) • Materials, equipment, and components other than replacement in kind. • Interlocks, controls narrative change • MOOC: Management or organizational change, will required HR approval 	<p>Formal Risk Assessment and Action Plan</p>	<p>Designated Expert Area Supervisor Department Manager Technical Manager Supply Chain (procurement) Superintendent Safety and Health Environmental Manager A-GM or General Manager HR Manager as needed with an MOOC</p> <p>(As necessary) Community Relations Manager</p>
<p>LEVEL 3</p> <ul style="list-style-type: none"> • Relocation of electrical power lines, underground utilities (surface) and equipment changes that do not involve process changes • Minor revisions to equipment and Procedures • Safe work procedures update (permits) • Alarms 	<p>Job Hazard Analysis and Action Plan</p>	<p>Designated Expert Area Supervisor Department Manager Safety and Health</p> <p>(As necessary) Environmental Manager A-GM or GM</p>
<p>LEVEL 4</p> <ul style="list-style-type: none"> • Standard Operating Procedure changes and updates within normal working parameters • Convenience measures to assist with housekeeping, management, safety, environmental, or process oriented changes. 	<p>Field Level Risk Assessment</p>	<p>Area Supervisor Safety and Health</p> <p>(As necessary) Designated Expert Environmental Manager Department Manager</p>

Change Proposal



This proposal could impact the following:

- Plant and Equipment
- Processes
- Maintenance
- Site procedures (i.e., production, maintenance, safety, health and emergency)
- Design and construction
- Materials used, their composition and properties
- Organization structures and responsibilities
- Individual roles and responsibilities
- Personnel training or competency requirements
- Stakeholders
- Ground or surface water
- Surface area disturbance
- Permit limitations (environment)
- Emissions (to the air, water, land: environment)
- Communications

1. Detailed Description

Current situation:

Proposed Change:

Purpose of change:

Expected outcome/benefit from change:

Method to be used to test results of change:

2. Responsible Person(s) Assignment:

Project Phase	Responsibility	Person Responsible
Project Set Up	Project Sponsor	
	Develop Scope of Work	
	Develop Contracting & Services Plan	
	Develop Schedule	
	Safety Accountability	
	Project Oversight Accountability	
Project Execution	Coordination of Engineering	
	Coordination for PLC & PCS	
	Vendor Expediting & Troubleshooting	
	Coordinate Procurement	
	Coordinate Material Receiving	
	Coordinate Field Construction	
	Field Safety Monitoring	
	Quality Assurance & Acceptance	
Project Administration	Project Cost Control	
	Project Schedule Control	
	Project Status Reporting	
	Invoicing – Review & Approval	
	RFI Coordination	
	Document Coordination & Control	

3. Risk Assessment:

See Table 1 for Risk Assessment requirements related to MOC Level Assessment. Embed RA here or attach as a separate document.

Insert Risk Assessment Here or Submit as Separate Attachment

Completed by: Insert Name Here Date: Enter Date Here

4. Cost Estimate

For Project related MOC's: Include breakdown of costs generated from the scoping of the work. This cost number should clearly define procurement related spend for materials, labor/contract services required, sundry anticipated costs related to document updates, PLC/PCS programming, minor tooling and align with the phasing of the work flow.

Insert Cost Estimate Here or Submit as Separate Attachment

9. Review

Completed by: Insert Name Here. Date: Insert Date Here

Did the change result in the desired impact? Yes No

If no, please provide reasons for result deviation: