

MANAGEMENT OF CHANGE FORM

Mine/Project:			
Modification After Start-up Number:			
Brief Description of Change:			
noose:			
☐ Planned Change			
☐ Unplanned Change			
☐ Emergency Change (24-48 hours)			
☐ Temporary Change (3-6 months and back to prior to the change)			
riginated by: Enter Name Here Date Requested: Enter Date Here Date Required	d: Enter Date H	lere	
CHANGE MANAGEMENT QUESTIONNAIRE			
ny new activity or change to existing activities must be evaluated as to whether the Management of the following questions is YES or UNKNOWN the process must be completed and authorized by nange.			
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Assessed Level of Change: Level 1 Level 2 Level 3 Level 4 Leve



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
LEVEL 1	Process Chemistry Plant/Hoist Equipment/Component Design Specifications HSE Systems Major Revisions to Equipment and Procedures PLC/DCS Logic Emergency Procedures	Formal Risk Assessment and Action Plan	Designated Expert Area Supervisor Department Manager Technical Manager Supply Chain (procurement) Superintendent Safety and Health Environmental Manager A-GM or General Manager (As necessary) Community Relations Manager
LEVEL 2	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	Formal Risk Assessment and Action Plan	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 (As necessary) Community Relations Manager
LEVEL 3	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	Job Hazard Analysis and Action Plan	Designated Expert Area Supervisor Department Manager Safety and Health (As necessary) Environmental Manager A-GM or GM
LEVEL 4	Standard Operating Procedure changes and updates within normal working parameters Convenience measures to assist with housekeeping, management, safety, environmental, or process oriented changes.	Field Level Risk Assessment	Area Supervisor Safety and Health (As necessary) Designated Expert Environmental Manager Department Manager

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
	Stakeholders
	Surface area disturbance
	Permit limitations (environment)
	Emissions (to the air, water, land: environment)
	Communications
1.	Detailed Description
_	
	Current situation:
L	
Г	Proposed Change:
L	
	Purpose of change:
_	
	Expected outcome/benefit from change:
L	
Γ	Method to be used to test results of change:
1	



2. Responsible Person(s) Assignment:

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

5. Sc	hed	ule
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For Project Related MOC's: Include schedule estimation for elements such as RFP time, contract issuance allowance,
procurement/materials lead times, mobilization for contractors noting that there may be multiple contract partners
involved in any given project, construction timeline with major activities, any pre and commissioning needs.

Insert Schedule Estimate Here or Submit as Separate Attachment	

6. Other or Additional Information

Append or attach other useful information such as photo's, redlines for P&ID's, GA's, electrical one lines or design & engineering details.

7. Request Review Authorization

IMPORTANT: All signatures must be acquired prior to change implementation. Note: Depending on the MOC implications, not all signatures may be necessary

ROLE	NAME	SIGNATURE	DATE
Designated Expert or Custodian			
Area Supervisor			
Department Manager			
Technical Manager			
Supply Chain (procurement) Superintendent			
Safety and Health Manager			
Environmental Manager			
Community Relations Manager			
Other Department Managers			
Assistant GM or General Manager			

Complete

Enter Date

Enter Date

Enter Date

Enter Date

Enter Date

Enter Date

8. Implementation

Check boxes below that are applicable with Pre-Startup-Safety Review (PSSR) completed:

Choose: Short Form PSSR \square Medium Form PSSR \square Long Form PSSR \square				
		Responsible	Date	
☐ Employee Training		Enter Name	Enter Date	
☐ Contractor Training		Enter Name	Enter Date	
☐ Employee Communica	ations	Enter Name	Enter Date	
☐ Contractor Communic	cations	Enter Name	Enter Date	
☐ Stakeholder Commun	ications	Enter Name	Enter Date	
☐ New Procedure Writte	en & Approved	Enter Name	Enter Date	
☐ Change Bulletin Poste	ed	Enter Name	Enter Date	
☐ Permit Obtained/Revi	sed	Enter Name	Enter Date	
☐ Revision of Drawings/	'As-builts	Enter Name	Enter Date	
☐ Revision of Standard (Operating Procedures	Enter Name	Enter Date	

Enter Name

Enter Name

Enter Name

Enter Name

Enter Name

Enter Name

☐ Update of Environmental Management Program
☐ Other Assessment Actions (i.e., studies)

☐ Update of Safety Management Program

 $\hfill\square$ Revision of Maintenance Procedures

☐ Revision of Emergency Procedures

☐ Final Inspection

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	on: