

Appendix A

Management of Change Review Form

Location		Requester	
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Detailed Description of Change

Will the Change Affect Any of the Following

	Yes	No
Utility and Energy Requirements: Routing and type of electrical, hydraulic, compressed air, steam, etc., piping pressures and sizing for liquid and gas supplies, all means for de-energizing utilities provided and identified, other.		
Hazardous Materials: Names and descriptions, MSDS, concentrations, size and type of packaging, flashpoint, flammability limits, storage requirements, temperatures, other.		
Waste Disposal: Waste generated, containers to be used and locations, amounts, drains used, flammability, toxicity, reactivity, ingredients, associated waste such as gloves and rags, disposal locations such as compactor or strategic dumpster or hazardous waste drums, other		
Personal Protective Equipment: Types required, other.		
Personnel: Types of training required for hazard communication, waste disposal, PPE, confined space, moving vehicles, cranes, fire protection, lockout/tagout, new equipment, use of temporary employees, qualifications of operators, testing of operators, other		
Material Handling: Lifting devices required, cranes required, weights to be handled mechanically and manually, forklift requirements, storage requirements, access by forklifts, power requirements for lifting aids, other.		
Fire Protection: Access to existing fire extinguishers, need for additional fire fighting equipment and emergency response procedures.		
Walking and Working Surfaces: Access to aisles, aisles designated, clean and smooth surfaces, floor mats, and trip hazards.		
Machinery and Equipment: Point of operation guarding, power transmission guarding, nip points, sharp edges, energy sources, new equipment and tools, maintenance requirements, equipment bolted to the floor, energy isolation requirements (lockout/tagout), special tools required, automatic start or intermittent operations, other.		
Ergonomics: Illumination, noise, worker position and posture, vibration, floor space, machine controls, repetition, force, tool use, heat and cold, emergency stop locations, other.		

	Yes	No
Ventilation: Airborne contaminants (vapor, gas, dust, fumes, mists, smoke, vehicle exhaust, etc.), control methods, amounts of emissions, local and general (dilution) ventilation, CFM, permits, other.		
Radiation: Ultra-violet radiation from arc welding, laser, light energy from cutting, plasma, microwave, radio frequency, other.		

If you answered "Yes" to any of the issues above, explain the process for implementation of the change.

Submitted by: _____

Date: _____

Review/Approval:

Sr. Maintenance Manager _____

Date: _____

Sr. Equipment Manager _____

Date: _____

Sr. Safety/DOT Manager _____

Date: _____

Client Rep. (If Needed) _____

Date: _____

Audits:

Sr. Maintenance Manager _____

Date: _____

Sr. Equipment Manager _____

Date: _____

Sr. Safety/DOT Manager _____

Date: _____