

## CHANGE DETAILS

Company / Organization:									
Change Title:					Doc. Number:				
Initialized By:				Initialized Date:			Target Implementation:		
				MM DD YY			MM DD YY		
Change Type:				Change Class:					
Description of Change:									

## SAFETY & HEALTH

<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Slip, Trip &amp; Fall Hazards</b>	New walking surfaces, elevation changes, or travel path congestion introduced?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Struck-By / Caught-In Hazards</b>	New moving parts, pinch points, or rotating equipment introduced or modified?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Ergonomics &amp; Manual Handling</b>	Changes to lifting requirements, repetitive motion tasks, or reach/posture demands?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Electrical Hazards</b>	New or modified electrical systems, LOTO procedures, or arc flash zone reclassification?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Thermal Hazards</b>	Hot surfaces, steam, cryogenics, or open flame introduced or modified?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>PPE Requirements</b>	Does required PPE change for affected personnel or work areas?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Emergency Egress &amp; Exits</b>	Are pathways, emergency exits, or muster points impacted?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>OSHA Compliance Review</b>	Does the change affect any applicable OSHA standard (29 CFR 1910 / 1926)?
	Notes / Findings / Actions Required:	

**AIR QUALITY & VENTILATION**

<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Airborne Particulates / Dust</b>	New sources of dust, powder, or aerosols generated?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Chemical Vapors or Fumes</b>	Solvents, adhesives, coatings, or process gases introduced into occupied spaces?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Ventilation System Capacity</b>	Does existing HVAC or local exhaust handle the new source adequately?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Compressed Air Purity</b>	Any impact to instrument air systems or pneumatic quality requirements?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Cleanroom / Controlled Environment</b>	Impact to ISO classification, airflow patterns, or differential pressure?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Worker Exposure Limits (PELs/TLVs)</b>	Any OSHA PELs or ACGIH TLVs triggered by new chemical or particulate exposure?
	Notes / Findings / Actions Required:	

**NOISE & VIBRATION**

<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Noise Level Increase</b>	Does the change add noise at or above 85 dBA TWA in occupied work areas?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Hearing Conservation Program</b>	Existing hearing conservation zones, signage, or monitoring programs affected?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Structural / Equipment Vibration</b>	Can vibration transmit to adjacent processes, precision instruments, or structure?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Community / Neighbor Noise</b>	Changes to noise levels at facility perimeter or nearby residential areas?
	Notes / Findings / Actions Required:	

**ENVIRONMENTAL**

<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Waste Stream Changes</b>	New solid waste categories, scrap types, or byproducts generated?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Hazardous Waste Generation</b>	Does the change create RCRA-regulated hazardous waste streams?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Wastewater / Liquid Discharge</b>	Changes to effluent type, volume, treatment needs, or discharge point?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Air Emissions Permit</b>	Does the change trigger a Title V or state air permit modification?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Stormwater / Spill Pathways</b>	Any potential runoff pathway to storm drains, waterways, or land?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Chemical Spill Containment</b>	New materials requiring secondary containment or spill response planning?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>EPA Regulatory Review</b>	Does the change fall under EPCRA, CERCLA, TSCA, or other federal programs?
	Notes / Findings / Actions Required:	

**REGULATORY & COMPLIANCE**

<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Building / Facility Permits</b>	Does the change require a building permit, occupancy review, or inspection?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Fire Code Compliance</b>	Fire marshal approval, sprinkler rating changes, or occupancy classification review?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Insurance Notification</b>	Does the change need to be reported to the facility insurer?
	Notes / Findings / Actions Required:	

<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Industry-Specific Regulations</b>	FDA, USDA, EPA, FAA, DOT, NRC, or other agency requirements triggered?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Customer Contractual Requirements</b>	Do customer contracts restrict or require notification of this change?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Export Control / ITAR</b>	Does the change affect technology subject to export control regulations?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>International / Third-Party Standards</b>	Impact on ISO certifications, CE marking, UL listings, or country approvals?
	Notes / Findings / Actions Required:	

**QUALITY & PRODUCT INTEGRITY**

<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Product Specification Impact</b>	Could the change alter dimensions, chemistry, or functional performance?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Validation / Qualification Required</b>	IQ/OQ/PQ, process validation, PPAP, or design qualification triggered?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>QMS Documentation Update</b>	SOPs, work instructions, control plans, or inspection criteria require revision?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Inspection &amp; Measurement Systems</b>	Are existing gauges and test methods still appropriate post-change?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>SPC / Process Control Baselines</b>	Control chart baselines, Cpk targets, or sampling plans need to be reset?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>First Article / Requalification</b>	Does the change trigger an FAI or formal requalification with a customer?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Traceability &amp; Lot Control</b>	Impact on serialization, lot tracking, batch records, or material genealogy?
	Notes / Findings / Actions Required:	

<input type="checkbox"/> Complete  <input type="checkbox"/> N/A	<b>Customer Notification / Approval</b>	Do customers need to formally approve or be notified of this change?
	Notes / Findings / Actions Required:	
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**OPERATIONS & PRODUCTION**

<input type="checkbox"/> Complete  <input type="checkbox"/> N/A	<b>Throughput / Capacity Impact</b>	Does the change increase or constrain production rate or machine utilization?
	Notes / Findings / Actions Required:	
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<input type="checkbox"/> Complete  <input type="checkbox"/> N/A	<b>Upstream Process Effects</b>	Impact on feeding, staging, or prior-operation processes?
	Notes / Findings / Actions Required:	
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<input type="checkbox"/> Complete  <input type="checkbox"/> N/A	<b>Downstream Process Effects</b>	Impact on receiving, assembly, packaging, or shipping operations?
	Notes / Findings / Actions Required:	
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<input type="checkbox"/> Complete  <input type="checkbox"/> N/A	<b>Cycle Time / Takt Time</b>	Changes to cycle time, takt alignment, or scheduling assumptions?
	Notes / Findings / Actions Required:	
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<input type="checkbox"/> Complete  <input type="checkbox"/> N/A	<b>Implementation Downtime Window</b>	When and for how long is production interrupted?
	Notes / Findings / Actions Required:	
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<input type="checkbox"/> Complete  <input type="checkbox"/> N/A	<b>Inventory / WIP Disposition</b>	Is buffer stock needed? Plan for existing WIP during changeover?
	Notes / Findings / Actions Required:	
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<input type="checkbox"/> Complete  <input type="checkbox"/> N/A	<b>Maintenance Requirements</b>	New PM tasks, spare parts, lubrication points, or calibration schedules?
	Notes / Findings / Actions Required:	
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<input type="checkbox"/> Complete  <input type="checkbox"/> N/A	<b>Changeover / Setup Procedures</b>	Are changeover steps modified, added, or extended by the change?
	Notes / Findings / Actions Required:	
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**UTILITIES & INFRASTRUCTURE**

<input type="checkbox"/> Complete  <input type="checkbox"/> N/A	<b>Electrical Load / Panel Capacity</b>	Added load within existing panel, transformer, and feeder capacity?
	Notes / Findings / Actions Required:	
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<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Compressed Air Demand</b>	CFM requirements compatible with available system capacity and pressure?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Water / Process Fluid Connections</b>	New connections, flow rates, quality requirements, or treatment needs?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Natural Gas / Fuel Supply</b>	New demand, connection point, or pressure regulation needed?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Structural / Floor Loading</b>	Equipment weight within floor load rating? Anchor points or pads required?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Lighting Adequacy</b>	New or upgraded lighting needed in the affected work area?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Network / Data Infrastructure</b>	Machine connectivity, sensors, conduit, or data drops required?
	Notes / Findings / Actions Required:	

**PEOPLE & TRAINING**

<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Headcount Impact</b>	Change in labor required per shift or per production run?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Skill &amp; Certification Requirements</b>	New skills, trade certifications, or licensed personnel required?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Training Plan</b>	Who needs training, by when, and how is competency verified and documented?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Job Hazard Analysis (JHA) Update</b>	Do existing JHAs or JSAs for the affected area need revision?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Staffing During Transition</b>	Adequate coverage during ramp-up, learning curve, or parallel operations?
	Notes / Findings / Actions Required:	

<input type="checkbox"/> Complete  <input type="checkbox"/> N/A	<b>Contractor / Vendor Site Requirements</b>	Site safety orientations and credentialing managed for outside personnel?
	Notes / Findings / Actions Required:	
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**COST & FINANCIAL**

<input type="checkbox"/> Complete  <input type="checkbox"/> N/A	<b>Capital Expenditure (CapEx)</b>	Equipment, installation, and construction costs budgeted and authorized?
	Notes / Findings / Actions Required:	
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<input type="checkbox"/> Complete  <input type="checkbox"/> N/A	<b>Operating Expense (OpEx) Impact</b>	Ongoing cost impact assessed: labor, energy, consumables, maintenance?
	Notes / Findings / Actions Required:	
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<input type="checkbox"/> Complete  <input type="checkbox"/> N/A	<b>Cost Savings / ROI Documented</b>	Expected savings, payback period, or productivity gains documented?
	Notes / Findings / Actions Required:	
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<input type="checkbox"/> Complete  <input type="checkbox"/> N/A	<b>Budget Authority Obtained</b>	Correct approval level secured for the spend level involved?
	Notes / Findings / Actions Required:	
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<input type="checkbox"/> Complete  <input type="checkbox"/> N/A	<b>Depreciation / Asset Classification</b>	Accounting treatment confirmed with finance for new assets or improvements?
	Notes / Findings / Actions Required:	
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<input type="checkbox"/> Complete  <input type="checkbox"/> N/A	<b>Opportunity Cost Factored In</b>	Lost production revenue during implementation quantified and accepted?
	Notes / Findings / Actions Required:	
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**SUPPLY CHAIN & MATERIALS**

<input type="checkbox"/> Complete  <input type="checkbox"/> N/A	<b>Raw Material Changes</b>	New materials, specifications, grades, or supplier sources introduced?
	Notes / Findings / Actions Required:	
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<input type="checkbox"/> Complete  <input type="checkbox"/> N/A	<b>Supplier Qualification</b>	New suppliers vetted, qualified, and approved per QMS requirements?
	Notes / Findings / Actions Required:	
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<input type="checkbox"/> Complete  <input type="checkbox"/> N/A	<b>Lead Time Compatibility</b>	Supply lead times compatible with production schedule and inventory strategy?
	Notes / Findings / Actions Required:	
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<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Material Handling &amp; Storage</b>	Special storage conditions, temperature control, or handling procedures needed?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>SDS / MSDS Review</b>	New Safety Data Sheets obtained, reviewed, and filed for all new chemicals?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Packaging or Labeling Changes</b>	Product packaging, labeling, or shipping marks affected by the change?
	Notes / Findings / Actions Required:	

**TECHNOLOGY & CONTROLS**

<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>PLC / SCADA / HMI Modifications</b>	Control logic, setpoints, or HMI screens modified as part of the change?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Software Version Control</b>	Configuration baseline managed, backed up, and change-controlled?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Cybersecurity Assessment</b>	New network connections, remote access capabilities, or IoT devices introduced?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>System Interoperability</b>	Integration with existing MES, ERP, CMMS, or historian systems verified?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Alarm Rationalization</b>	New or modified alarms documented, rationalized, and setpoints justified?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Data Backup &amp; Recovery</b>	Backup procedures updated to include new systems or parameters?
	Notes / Findings / Actions Required:	

**FIRE & EMERGENCY RESPONSE**

<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Fire Hazard Classification Change</b>	Change in flammable material quantity, hazard class, or storage arrangement?
	Notes / Findings / Actions Required:	

<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Suppression System Compatibility</b>	Existing suppression system rated for the new hazard class and commodity?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Emergency Action Plan Update</b>	Updated evacuation routes, assembly points, or emergency contacts required?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Hazardous Material Inventory (Tier II)</b>	EPCRA Tier II reporting thresholds triggered or report requires update?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Hot Work Permit Requirements</b>	Welding, cutting, or grinding during installation? Hot work permits in place?
	Notes / Findings / Actions Required:	

**DOCUMENTATION & RECORDS**

<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>P&amp;ID / Facility Drawings Updated</b>	As-built drawings and schematics revised to reflect the change?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>SOPs / Work Instructions Revised</b>	Procedures updated, approved, and distributed to affected personnel?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Risk Register Updated</b>	Facility or process risk register revised to reflect new or modified risks?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Post-Implementation Review Scheduled</b>	Lessons learned review planned for 30/60/90 days post-implementation?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>Regulatory Submittals Completed</b>	Required agency filings, permit modifications, or notifications submitted?
	Notes / Findings / Actions Required:	
<input type="checkbox"/> Complete <input type="checkbox"/> N/A	<b>MOC Record Archived</b>	Completed MOC package stored per document retention policy and accessible for audit?
	Notes / Findings / Actions Required:	

**APPROVAL & SIGNATURES**

<b>PREPARED BY</b>	Name:	Date:	Title / Role:
	Signature:		
<b>REVIEWED BY</b>	Name:	Date:	Title / Role:
	Signature:		
<b>APPROVED BY</b>	Name:	Date:	Title / Role:
	Signature:		