MANAGEMENT OF CHANGE APPROVAL FORM

Initiator:		**Date:**	
Plant ID:			

Indicate the type of change and provide the details below:		
Plant or Equipment	☐	
Procedure or Standard	☐	
Operating Process	☐	
Substance/Chemical	☐	
Person[illegible]etence	☐	
Oth[illegible]	☐	
Spe[illegible]y the Prop[illegible]ed Ch[illegible]:		

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[illegible]

[illegible]	[illegible]	[illegible]	[illegible]

[illegible]		
	[illegible]	[illegible]
[illegible]		
[illegible]		
[illegible]		
[illegible]		
[illegible]		
[illegible]		

[illegible]

Impact of Proposed Changes:	**Yes**	**No**
Does the change require new, or changes to existing standards, procedures or the management systems.?	☐	☐
If so, provide details:		
Does the change affect warranty or certifications?	☐	☐
If so, provide details:		
Does the change require drawing up	☐	☐
If		

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Does the change have an impact on employee relations/agreements?	☐	☐
If so, provide details (rosters, staffing, etc):		
Does this change have an impact on information and technology?	☐	☐
If so, provide details (software, hardware, etc):		

Proposed Controls to Manage Changes

Action Details	Action By	Completion Date

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Review and Authorisation	Action By	Completion Date

Approved by	Name	Signature	Date	Decision
				Accepted / Rejected
				Accepted / Rejected
				Accepted / Rejected

Please forward the completed, authorised Change Management Approval Form to the authorised record management person / department.