MANAGEMENT OF CHANGE APPROVAL FORM

Initiator:				Date:			
Plant ID:					I		
Indicate the	type of chan	ge and prov	ide the detai	s below:			
Plant or Equi	pment						
Procedure c							
Operating P	rocess						
Substance/C	Chemical						
Person or Co	mpetence						5
Other							
Specify the I	Proposed Cho	inges:					
						\searrow	
					7,8		
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Risk Assessm	nent — Attach	copy <u>of the</u>	e Risk , m	nent Fr	Ctr -		
	nent — Attach Is are present		red c ur		CF.		
	ls are present		red c ur		C ^E		Res.
			red c ur		l or Safegua	rd	Res. Risk
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What hazard	Is are present	ed b	sk of the second			rd	
What hazard	Is are present	ed b	sk of the second			rd	



Total Cost							
Anticipated Benefit(s)):						
Removed						-	No
Does the change rec or the management		anges to ex	kisting stand	dards, proce	dures	Ŭ.	
If so, provide details:	-						5
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Does the change aff	ect warranty or	certificatio	ns?	-		P	
If so, provide details:							
Does the change rec	uire drawing up	odates?			$\langle \rangle$		
If so, provide details:							
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Does the change rec If so, provide details:		new pa	Tenc	¥			
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Does the change aff	quire c	petenci	$^{\sim}$				
If so, provide detail							
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Rem							
Removed							
Removed							



INSPECTION AND TEST REPORT

Report Number	Date Raised		Work Order Number
1			
Component or Process Do	escription		
Inspection and Test Outco	ome		
			5
			- 42 -
Acceptance Criteria			A C
# Requirement	Standard D.	ons	FUL Cedure
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Completed By:		Position:	
Signature:		Date:	

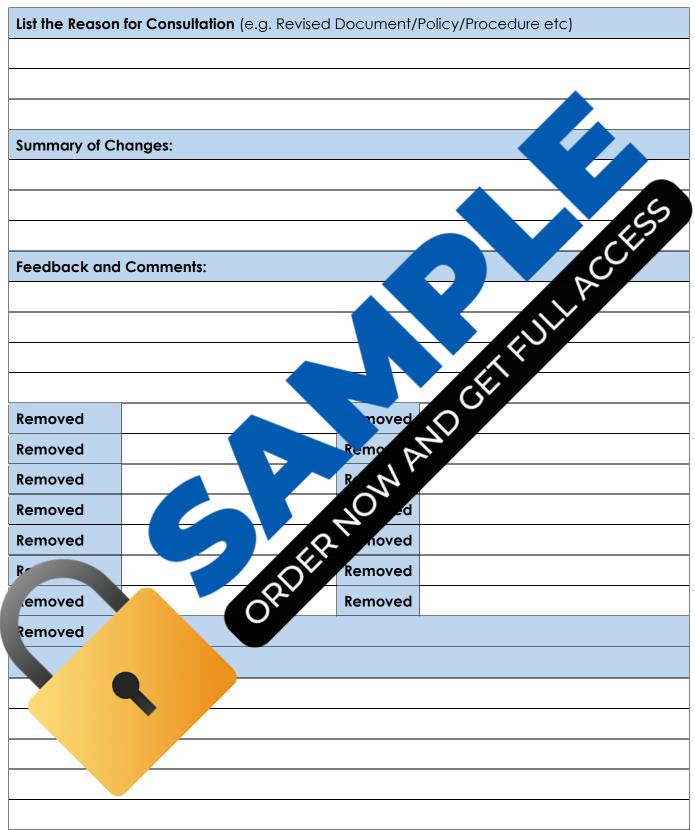
QUALITY CLOSE OUT REPORT

Project Name:	
Project Number:	
Date of Practical Completion:	
Scope of Work Summary	
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FORMALIZED CONSULTATION FORM



Record Maintenance

Record of consultations must be kept for a minimum of three years.







Please 'Contact Us' if you would like to see additional examples.