ChecklistGuro

Management Of Change (MOC) Checklist

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Change Identification & Initiation

Initial assessment and formal initiation of the Management of Change process.

Describe the Proposed Change

Write something...

Change Category (e.g., Equipment, Process, Procedure)

- [ ] Equipment
- [ ] Process
- [ ] Procedure
- [ ] Personnel
- [ ] Software
- [ ] Other

Date of Change Request

Enter date...

Requestor Name

Write something...

Estimated Impact Level (1-5, 1=Low, 5=High)

Enter a number...

Change Urgency (e.g., Routine, Expedited, Emergency)

- [ ] Routine
- [ ] Expedited
- [ ] Emergency

Briefly describe the reason for this change.

Write something...

Risk Assessment & Hazard Analysis

Evaluation of the potential risks and hazards associated with the proposed change.

Describe the potential hazards associated with the change.

Write something...

Assign a Risk Severity Rating (e.g., 1-5, with 5 being highest).

Enter a number...

Assign a Probability/Frequency Rating (e.g., 1-5, with 5 being highest).

Enter a number...

What type of hazard is present? (e.g., Safety, Environmental, Quality, Operational)

- [ ] Safety
- [ ] Environmental
- [ ] Quality
- [ ] Operational
- [ ] Other

Which safety procedures/precautions may be impacted?

- [ ] Lockout/Tagout
- [ ] Confined Space Entry
- [ ] Hot Work
- [ ] Personal Protective Equipment (PPE)
- [ ] Machine Guarding
- [ ] Other

Upload any supporting documentation (e.g., process hazard analysis, safety data sheets).

Upload File

Describe the existing controls/safeguards for identified hazards.

Write something...

Describe any additional controls or safeguards needed to mitigate the identified risks.

Write something...

Impact Assessment

Determining the impact of the change on processes, equipment, personnel, and other relevant areas.

Describe the potential impact on Production Output (quantify where possible).

Write something...

Estimated impact on cycle time (increase/decrease in minutes).

Enter a number...

Which departments/areas are potentially affected?

- [ ] Production
- [ ] Maintenance
- [ ] Quality Control
- [ ] Engineering
- [ ] Safety
- [ ] Shipping/Receiving

Describe any potential impact on equipment reliability or maintenance requirements.

Write something...

What is the anticipated impact on personnel workload?

- [ ] Increased
- [ ] Decreased
- [ ] No Change
- [ ] Uncertain

Identify any potential impact on product quality and/or customer satisfaction.

Write something...

Estimated cost impact (increase/decrease) due to the change.

Enter a number...

Will this change impact existing safety procedures?

- [ ] Yes
- [ ] No

Review & Approval

Formal review of the change proposal by relevant stakeholders and securing necessary approvals.

Change Review Committee Selection

- [ ] Standard Committee
- [ ] Extended Committee
- [ ] Special Review Board

Reviewer Comments & Concerns

Write something...

Date of Review

Enter date...

Reviewer Rating (1-5, 5 being highest)

Enter a number...

Approval Status

- [ ] Approved
- [ ] Rejected
- [ ] Deferred

Justification for Approval/Rejection

Write something...

Reviewer Signature

Approval Date

Enter date...

Planning & Implementation

Detailed planning and execution of the change, including resource allocation and task assignments.

Detailed Implementation Plan Description

Write something...

Estimated Implementation Duration (Days)

Enter a number...

Planned Start Date

Enter date...

Planned Completion Date

Enter date...

Resources Required (Select all that apply)

- [ ] Personnel
- [ ] Equipment
- [ ] Software
- [ ] Materials
- [ ] Tools

Implementation Schedule (e.g., Gantt Chart)

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Contingency Plans (If Implementation Deviates from Plan)

Write something...

Implementation Method

- [ ] Phased Implementation
- [ ] Parallel Implementation
- [ ] Cutover Implementation

Training & Communication

Ensuring all affected personnel are properly trained and informed about the change.

Affected Personnel Groups

- [ ] Production Operators
- [ ] Maintenance Technicians
- [ ] Quality Control
- [ ] Engineering
- [ ] Supervisors
- [ ] Management
- [ ] Other (Specify in LONG_TEXT)

Communication Plan Description

Write something...

Training Completion Deadline

Enter date...

Number of Personnel Trained

Enter a number...

Training Content Summary

Write something...

Training Format

- [ ] Classroom
- [ ] Online
- [ ] On-the-Job
- [ ] Video

Training Materials

Upload File

Trainee Acknowledgment

Verification & Validation

Confirming that the change has been implemented correctly and meets the intended objectives.

Were all affected procedures reviewed and updated?

- [ ] Yes
- [ ] No
- [ ] Not Applicable

Number of equipment checks completed as per validation plan:

Enter a number...

Date of initial validation check:

Enter date...

Describe any deviations from the validation plan and corrective actions taken:

Write something...

Was the process capability confirmed after change?

- [ ] Yes
- [ ] No
- [ ] Not Applicable

Attach validation data/reports:

Upload File

Does the new configuration meet performance expectations?

- [ ] Yes
- [ ] No
- [ ] Needs Further Review

Validation Sign-off:

Documentation & Record Keeping

Maintaining comprehensive records of the entire MOC process.

Change Description (Detailed)

Write something...

Original Change Request Document

Upload File

Date of Change Request Submission

Enter date...

Risk Assessment Documentation Summary

Write something...

Unique Change ID Number

Enter a number...

Documents Reviewed and Approved (Check all that apply)

- [ ] P&IDs
- [ ] Operating Procedures
- [ ] Equipment Manuals
- [ ] Safety Data Sheets (SDS)
- [ ] Maintenance Records
- [ ] Training Records

Deviation Notes (if applicable)

Write something...

Change Authorizer Signature

Post-Implementation Review

Evaluating the effectiveness of the change and identifying areas for improvement.

Summary of Implementation Experience

Write something...

Estimated Time Savings (Hours/Shift)

Enter a number...

Estimated Cost Savings (USD)

Enter a number...

Unexpected Issues Encountered During Implementation

Write something...

Did the change achieve the originally stated objectives?

- [ ] Yes
- [ ] No
- [ ] Partially

What aspects of the change were most successful?

- [ ] Process Improvement
- [ ] Equipment Performance
- [ ] Safety Enhancement
- [ ] Personnel Training
- [ ] Other (Specify)

Recommendations for Future Changes of Similar Nature

Write something...

Date of Review Completion

Enter date...

Reviewer Signature