

# 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).**

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**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

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## 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**

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**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**

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