

1. CHANGE PROJECT DETAILS

Project Name _____	
Initiator _____	Position _____
Department _____	Date _____

2. DESCRIPTION OF CHANGE

Describe the proposed change (include equipment numbers and location):

Reason for the change:

Is this a temporary change?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, estimated end date? _____
Is this an incremental change?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, estimated timeframe _____
Is this change related to an incident?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, incident report no. _____

3. PRELIMINARY APPROVAL AND REGISTRATION

Approval to continue with the Change Management Process granted? Yes No

Department Manager Name _____ Signature _____

Date _____

If no, please provide a brief explanation: _____

Project Owners Name* _____ Signature _____

Project Owners Position _____

**The project owner is assigned by the Department Manager and is not necessarily the same person as the initiator.*

This document is now to be forwarded to the Administrator register the change and preliminary approval in the Change Management Register and assign a Change Management number. This document will then be returned to you for completion of sections 4.0 through 9.0.

Admin USE ONLY - Registered in the Change Management Register: Yes No CM # _____