

## Management of Change (MOC) Checklist

Project Originator: \_\_\_\_\_

Project Team Members: \_\_\_\_\_

Scope of Change:      New Equipment/Process                      Modification of Existing Equipment / Process  
(Please Circle One)

Non-Routine Task / Process                      Replacement in Kind (Formal MOC optional)

			Date Completed
Is a Capital Expenditure Request Required:	Yes/No	If "Yes", page 2 must be completed.	
Will contracted services be required to complete this change? (Select yes if a contract company is needed to install or modify equipment, provide training or conduct any other work activities onsite)	Yes/No	If "Yes", page 3 must be completed.	
Will air emission sources or ducts be impacted, changed or created?	Yes/No	If "Yes", page 4 must be completed.	
Will new wastewater sources be created or existing sources increased?	Yes/No	If "Yes", page 5 must be completed.	
Will new or increased accumulation of industrial or hazardous waste occur?	Yes/No	If "Yes", page 6 must be completed.	
Will introduction, change or substitution of chemicals be required (Quantity and/or type)?	Yes/No	If "Yes", page 7 must be completed.	
Will area use, layout, egress or purpose change? (Check JSA's as well)	Yes/No	If "Yes", page 8 must be completed.	
Is there a potential for personal exposure? (e.g. increased noise levels, fumes or dust, etc.)	Yes/No	If "Yes", page 9 must be completed.	
Will energy sources be added or affected? (Energy sources include, but are not limited to; electricity, hydraulic, gravitational, mechanical, high heat/cold)	Yes/No	If "Yes", page 10 must be completed.	
Will a high risk process or operation be added or modified? (e.g. Confined space entry, critical crane lifts and rigging, high voltage electrical work, work at heights, or lockout / tagout / tryout)	Yes/No	If "Yes", page 11 must be completed.	
Will new or changes to standard PPE be required? (Standard PPE is defined as; safety glasses, hardhat, steel toe work boots, full length work pants and leather work gloves)	Yes/No	If "Yes", page 12 must be completed.	
Will increased force, repetition, or awkward postures be created by this change? (e.g. Is there an ergonomic risk?)	Yes/No	If "Yes", page 13 must be completed.	
Will this change impact any element of a quality/safety management system?	Yes/No	If "Yes", page 14 must be completed.	

Reviewer (Print Name): \_\_\_\_\_ Reviewer (Signature/Date): \_\_\_\_\_

**\*All elements have been reviewed and are deemed to be complete.**

Approver (Print Name): \_\_\_\_\_ Approver (Signature/Date): \_\_\_\_\_

**\*The Management of Change Review is approved and deemed to be complete.**

Sample Copy of  
Management of Change Checklist

## Capital Expenditure Review

1.- Is the proposed change in the current Operation Budget plan?	Yes/No

2.- Project Necessity	Please Circle One
EHS Mandated	Productivity Improvement
Continuous Shop Operation	Other

3.- Major Results Expected	Describe Below

4.- Alternatives Considered and Why Rejected (If applicable)	Describe Below

5.- Investment Expenditures Required	Provide Cost Data

6.- Lease Commitment Not Capitalized Plus Lease Related Expenses	Provide Cost Data

7.- Sub-Total Basis for Approval	Provide Cost Data

8.- 1st Year Utilization Anticipated (Return of Investment)	Describe ROI

9.- Vendor Quote A (Please include name and attach bid)	Provide Details Below

10.- Vendor Quote B (Please include name and attach bid)	Provide Details Below

11.- Vendor Quote C (Please include name and attach bid)	Provide Details Below

12.- Vendor Awarded	Vendor A, B, or C

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Approver (Print Name): \_\_\_\_\_ Approver (Signature/Date): \_\_\_\_\_  
**\*The Capital Request Review is approved and deemed to be complete.**

Sample Copy of  
Management of Change Checklist

## Contractor Review

1.- Is the contractor that will execute this change on the current site's approved contractor list?	Yes/No

2.- If you answered NO to the question above, has the contractor completed a qualification form and returned for review?	Yes/No

3.- Will the contractor be conducting High Risk Operations tasks while on site?	Yes/No
Confined Space Entry:	
Critical Crane Lifts and Rigging:	
Lockout / Tagout (LOTOTO):	
Electrical Work:	
Work at Heights:	
Other:	

4.- Is there a current Certificate of Insurance on file for the contractor?	Yes/No

5.- Does the contractor plan on using chemicals onsite?	Yes/No
If yes, ensure MSDS are provided prior to work commencing. List chemicals here:	

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**\*The Contractor Review is approved and deemed to be complete.**

## Air Emission Review

1.- What new or modified air emissions sources will be created?	Please List Below
Volatile Organic Compounds (VOCs):	
Hazardous Air Pollutants (HAPs):	
Particulate Matter (PM):	
Reactive Organic Gases (ROG):	
Other emissions:	

2.- What quantity or release rates apply?	Yes/No

3.- Will emission sources impact current air permits or trigger the need for a permit to release?	Yes/No

4.- Will emission control devices or ventilation systems be added or require modification?	Yes/No

5.- Are there any refrigeration equipment or refrigerants necessary?	Yes/No

6.- Are preventative maintenance tasks necessary to minimize the risk of release?	Yes/No

7.- Are other pollution prevention opportunities not identified above necessary?	Yes/No

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**\*The Air Emission Review is approved and deemed to be complete.**

## Wastewater Review

1.- What wastewater sources will be created or modified?	Please List Below
Storm Water:	
Process Water:	

2.- What quantity or release rates apply?	Please Show Calculations

3.- Will site stormwater or wastewater permit requirements be impacted?	Yes/No

4.- Will control devices or filtering systems be added or require modification?	Yes/No

5.- Are preventative maintenance tasks necessary to minimize the risk of spill/release?	Yes/No

6.- Are other pollution prevention opportunities not identified above necessary?	Yes/No

7.- Does the Storm Water Pollution Prevention Plan (SWPPP) require changes?	Yes/No

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**\*The Wastewater Review is approved and deemed to be complete.**

## Hazardous Waste Review

1.- What new or modified waste streams will be generated?	Please List Below
Regulated Wastes:	
Non-Regulated Wastes:	
Universal Wastes:	

2.- Are any new waste streams classified as a hazardous waste by governing regulation? (If yes, please specify which waste streams)	Yes/No
Listed Wastes:	
Characteristic Wastes:	
Waste Mixtures:	

3.- Will the current site waste generator classification be impacted?	Yes/No
Current Generator Status:	
Generator Status Needed:	

4.- Will an updated waste profile be needed to dispose of the new waste stream?	Yes/No

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**\*The Hazardous Waste Review is approved and deemed to be complete.**

Sample Copy of  
Management of Change Checklist

## Chemical Review

1.- Have you verified that the proposed chemicals are not already on the site approved chemical list?	Yes/No

2.- Are proposed chemicals listed on the banned/targeted chemical list or otherwise prohibited by federal/state/local chemical restrictions?	Yes/No
List any proposed chemicals that are currently blacklisted:	

3.- Does the site have access to and understand proper HAZCOM labeling requirements?	Yes/No

4.- Have affected employees received HAZCOM training?	Yes/No

5.- Have pipe labeling requirements been reviewed?	Yes/No

6.- Will there be new storage and/or use of significant quantities of flammable materials or chemical substances noted? (Hydrogen, sulfur dioxide, chlorine, phosphine, propane, hydrogen fluoride, ammonia, beryllium, cadmium, asbestos, zirconium, carcinogens, mutagens, teratogens)	Yes/No
Please list any applicable:	

7.- Are appropriate storage cabinets/locations available for flammable, combustible or corrosive materials?	Yes/No

8.- Will secondary containment be necessary for new chemicals?	Yes/No

9.- Are special controls necessary to minimize the chance of a spill/leak/release?	Yes/No

10.- Are preventative maintenance tasks necessary to minimize the risk of spill/release?	Yes/No

11.- Do you have a current SDS for all proposed chemicals?	Yes/No

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**\*The Chemical Review is approved and deemed to be complete.**

Sample Copy of  
Management of Change Checklist

<b>Life Safety Code/Area Use Review</b>
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1.- Will the site evacuation plan need to be revised/updated? (Procedures, Maps, Etc.)	Yes/No
If changes are made, please ensure training is provided to affected employees.	

2.- Do JSAs need to be written or modified?	Yes/No
If changes are made, please ensure training is provided to affected employees.	

3.- Are additional EHS training requirements necessary? (Verify based on the current site training matrix in training tracker)	Yes/No

4.- Will operating procedures or work instructions need to be reviewed or modified?	Yes/No
If changes are made, please ensure training is provided to affected employees.	

5.- Are barriers, warning signs, mirrors, etc. necessary to warn people of hazards?	Yes/No

6.- Will any pits, floor opening, holes, cracks or abrupt changes in elevation be created?	Yes/No

7.- Are splash, chip, rotating, exposed belt/puley/shafts or point of operation guards necessary?	Yes/No

8.- Are racks, trays, other material storage/movement devices in good shape and capable of handling required loads? (Note: Stationary racks must be lagged down to prevent tipping and capacity ratings must be labeled on all area racks.)	Yes/No

9.- Is a Professional Engineer (PE) needed to review/approve designs?	Yes/No

10.- Are floor drains present in the project area?	Yes/No

11.- Have operators and affected employees been asked to provide input on any additional existing or potential safety hazards?	Yes/No

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**\*The Life Safety Code Review is approved and deemed to be complete.**

Sample Copy of  
Management of Change Checklist

<b>Industrial Hygiene Review</b>
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1.- Will the change create increased noise levels which require additional employees be included in the hearing conservation program?	Yes/No
Verify through decibel testing if necessary.	
If noise levels exceed thresholds, ensure the site has a hearing conservation program in place.	

2.- Will fumes or dust be generated require changes to the current exposure monitoring plan?	Yes/No
Verify through air sampling if necessary.	
If fumes, dust or other chemical exposures exceed thresholds, ensure the site has a respiratory protection program in place.	

3.- Will any of the following OSHA regulated chemicals be used?	Yes/No
Asbestos:	
13 Carcinogens (4-Nitrobiphenyl, etc.):	
Inorganic arsenic:	
Lead:	
Chromium (VI):	
Cadmium:	
Benzene:	
Coke oven emissions:	
Bloodborne pathogens:	
Cotton dust:	
1,2-dibromo-3-chloropropane:	
Acrylonitrile:	
Ethylene oxide:	
Formaldehyde:	
Methylenedianiline:	
1,3-Butadiene:	
Methylene Chloride:	
Ionizing radiation:	
<p><b>* If yes for any of these substances, please ensure proper regulations are followed and in place prior to any use.</b></p>	

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**\*The Industrial Hygiene Review is approved and deemed to be complete.**

Sample Copy of  
Management of Change Checklist

## Energy Source (LOTOTO) Review

1.- What energy sources will be affected?	Please List Below

2.- Are controls/disconnects readily accessible and labeled for all energy sources?	Yes/No

3.- Will a change of electrical service, distribution, control or load be necessary? (e.g. Will there be an increase in electrical supply or load capacity through new feeders, switchgear, or bus duct installation?)	Yes/No

4.- Have permanent power connections (hard wiring) been identified?	Yes/No

5.- Will electrical installations be located within 6 ft. of water sources or outdoors?	Yes/No

6.- Will piping, conduits and disconnects need to be labeled for new or modified installations?	Yes/No

7.- Are emergency stop buttons accessible, colored red and easily identifiable?	Yes/No

8.- Will equipment have means that prevent automatic start-up if power is restored following power outage (excluding emergency equipment)?	Yes/No

9.- Has an equipment-specific LOTOTO procedure been developed or modified?	Yes/No

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**\*The Energy Source (LOTOTO) Review is approved and deemed to be complete.**

<b>High Risk Operations Review</b>
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1.- What HRO will be impacted by this change?	Please List Below
Confined Space Entry:  Critical Crane Lifts and Rigging:  Lockout / Tagout (LOTOTO):  Electrical Work:  Work at Heights:  Other:	

2.- If crane use is necessary have paths been evaluated to identify and address overhead hazards or accessibility issues?	Yes/No

3.- Do existing or will future platforms have adequate railings, stairs w/ side rails, non-skid surfaces and toe rails?	Yes/No

4.- For roof-top mounted equipment - Is a 6ft. or greater set back from the roof edge feasible?	Yes/No

5.- Will routine activity or operation require employees to access equipment 4ft. or more above ground or decking?	Yes/No

6.- Will excavation be required?	Yes/No

7.- Will any new confined spaces be introduced?	Yes/No
Describe new confined spaces:	

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**\*The High Risk Operations Review is approved and deemed to be complete.**

## Personal Protective Equipment Review

1.- What new PPE will be required?	Please List Below
Eye/Face Protection:	
Respiratory Protection:	
Hearing Protection:	
Hands/Arm Protection:	
Body/Torso Protection:	
Legs/Foot Protection:	

2.- Will medical evaluations be necessary?	Yes/No

3.- Has the site PPE Matrix been updated to reflect these PPE changes?	Yes/No

4.- Have affected employees received instruction on the proper use and care of the new PPE?	Yes/No

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**\*The Personal Protective Equipment Review is approved and deemed to be complete.**

Sample Copy of  
Management of Change Checklist

## Ergonomic Review

1.- What can the risk level of the ergomoic stressors (force, repetition and static or awkward postures) associated with this change can be classified as?	Please Select One
High:	
Medium:	
Low:	

2.- Have operators been asked to provide input on reducing ergonomic stressors?	Yes/No

3.- What actions will be taken to limit or prevent ergonomic stressors?	Please Describe Below

4.- Will manual lifting over 40 lbs. be required for tasks?	Yes/No

5.- Does this project meet minimum NIOSH Lifting Equation scoring requirements (if applicable) ?	Yes/No

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**\*The Ergonomic Review is approved and deemed to be complete.**

Sample Copy of  
Management of Change Checklist

<h2>Quality Review</h2>
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1.- (Insert business specific/management system specific questions here.)	Yes/No

Reviewer (Print Name): \_\_\_\_\_ Reviewer (Signature/Date): \_\_\_\_\_

**\*All elements have been reviewed and are deemed to be complete.**

Approver (Print Name): \_\_\_\_\_ Approver (Signature/Date): \_\_\_\_\_

**\*The Management System Review is approved and deemed to be complete.**