



Document Name	HSE-FOR-8.1.3-Management of Change
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Request #	ZMB - KAN - HSE - 003

8.1.3 Management of Change Form

INITIATOR	dfdf
TEAM	sdfsdf
DATE	24/10/2025

A. Indicate TYPE OF CHANGE (✓) and provide details below	
Plant or Equipment:	Design or Layout of Area: <input checked="" type="checkbox"/>
Operating Process (Standard, SOP, or Work Procedure):	Competency (People / Role):

B. Describe the PROPOSED CHANGE
sdfsdf

C. REASON FOR THE PROPOSED CHANGE
df

D. What HAZARDS / RISKS are presented by the proposed change?	
HAZARDS	RISKS
dff	dd
Can the Risk be managed to an acceptable level?	
dd	

E. What are the ANTICIPATED BENEFITS (OPPORTUNITIES)
sdfsdf

F. IMPACT / ACTION PLAN Checklist

NOTE: Supporting documents required

Does the change require engineering/design or approval?

Does the change require a process / operating review?

Does the change require new, or changes to existing standards or procedures?

Does the change require consultation with workforce, or others?

Does the change affect warranties or certifications?

Does the change require drawing updates?

Does the change require stocking of new parts/materials?

Does the change affect competencies?

Does the change require communication or notification? / Does the change require record to be maintained? / eg. modification to plant, risk assessment / review, record of training, etc.

Does the change require any legal notification?

Does the change require cliental notification?