Management of Change Process

*Marine Operations*

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| **TITLE: Short one line description of proposed change**  |
|  |
| **Name of Vessel/ Facility**  | **Incident date (01-January-2020) and time** |
|  |  |
| **Client name/ Job location** | **Name of person conducting meeting- PRINT** |
|  |  |
| **Enter into Helm as a meeting—Management of Change** | **Helm meeting #:**  |

**Step 1: Proposal Meeting**

This meeting should be conducted by a team including management, workers, contractors and client reps who would be directly affected by the proposed change.

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| **Evaluation Team Signatures** |
| **Printed names** | **Positions** | **Signatures** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
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**Step 2: Risk Analysis**

The team completes this form during the Proposal Meeting

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|  **1. Briefly describe the current situation/ procedure.** |
|   |
|  **2. Briefly describe the proposed change.** |
|  |
|  **3. What is the goal/ purpose of making this change?** |
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|  **4. List the positions and departments that will be affected. Ensure each**  **department has a representative participating in this meeting.** |
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|  **5. What are some potential hazards associated with the proposed change?** |
|  |
|  **6. How will the hazards be mitigated?** |
|  |

**Risk Rating**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Likelihood** | **Likely** | **Medium Risk** | **High Risk** | **Extreme Risk** |
| **Unlikely** | **Low Risk** | **Medium Risk** | **High Risk** |
| **Highly Unlikely** | **Insignificant Risk** | **Low Risk** | **Medium Risk** |
|  | **Slightly Harmful** | **Harmful** | **Extremely Harmful** |
| **Potential Consequences** |

Use the chart above to answer the following questions.

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|  **7. What is the current likelihood of injury or harm to personnel, equipment or**  **the environment?** |
|  \_\_\_\_\_\_ Likely \_\_\_\_\_ Unlikely \_\_\_\_\_\_Highly Unlikely |
|  **8. What is the current potential severity of any harm to personnel, equipment or**  **the environment?**  |
|  \_\_\_\_\_\_ Slightly Harmful \_\_\_\_\_\_ Harmful \_\_\_\_\_\_ Extremely Harmful |
| **9. Using the Risk Rating chart above, what is the current Risk Rating?.** |
|  |
| **10. What is the likelihood of injury or harm to personnel, equipment or the**  **environment if the change is made?** |
|  \_\_\_\_\_\_ Likely \_\_\_\_\_ Unlikely \_\_\_\_\_\_Highly Unlikely |
| **11. What is the potential severity of any harm to personnel, equipment or the**  **environment if the change is made?** |
|  \_\_\_\_\_\_ Slightly Harmful \_\_\_\_\_\_ Harmful \_\_\_\_\_\_ Extremely Harmful |
| **12. Using the Risk Rating chart above, what would be the new Risk Rating if the**  **change was made?** |
|  |

**Does the team agree that the change should be implemented?**

 **YES or NO**

 **If YES, go to the next step - Implementation.**

**If NO, scan and send this signed form with decision to** **dpa@tdi-bi.com**

**Step 3: Implementation**

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|  **13. Type of change:** |
|  \_\_\_\_\_\_ Emergency \_\_\_\_\_ Urgent \_\_\_\_\_\_Minor |
|  **14. Nature of the change:**  |
|  \_\_\_\_\_\_ Operations \_\_\_\_\_\_ Equipment \_\_\_\_\_\_ Regulatory/ Permits \_\_\_\_\_\_ Personnel \_\_\_\_\_\_ Contract Requirements \_\_\_\_\_\_ Procedures \_\_\_\_\_\_ Other- Describe: |
| **15. How will the change be communicated to all affected parties? \_\_\_\_\_\_ N/A** |
|  \_\_\_\_\_\_ Toolbox Meeting \_\_\_\_\_\_ Training \_\_\_\_\_\_ HSE or other meeting \_\_\_\_\_\_ Other- describe: |
| **16. How will next shift of workers be advised of the change? \_\_\_\_\_\_ N/A** |
|  \_\_\_\_\_\_ Toolbox Meeting \_\_\_\_\_\_ Training \_\_\_\_\_\_ HSE or other meeting \_\_\_\_\_\_ Other- describe: |
| **17. Who will complete Step 4 and evaluate the effectiveness of the change?** |
|  Print name and position:   |
| **18. When will the evaluation be completed? (date/ end of job)** |
|  |
| **19. Check if any of the following was needed.**  |
|  \_\_\_\_\_ New Training \_\_\_\_\_ Documentation/ SOPs/ Forms \_\_\_\_\_\_ Regulatory or Permit adjustments \_\_\_\_\_\_ None or N/A |
| **20. What date was change implemented? (01-January-2020) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |
| **21. If TEMPORARY, when is it expected to end? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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**\*\*When all of Steps 1-3 are completed, email a copy of all pages to** **dpa@tdi-bi.com****.**

**Step 4: Close-Out**

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| --- | --- |
| **Name of person conducting Close Out- PRINT** | **Close Out evaluation date** **(01-January-2020)**  |
|  |  |
| **Did the change accomplish the goal it was supposed to?** | **Date change ended (if temporary)**  **(01-January-2020)** |
| \_\_ Yes \_\_\_ No |  |
| **If no, explain why not. List in detail any lessons learned.** |
| **Your signature here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**\*\*When Step 4 is completed, email a scan of the entire document to dpa@tdi-bi.com.**