Management of Change Process

*Marine Operations*

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| **TITLE: Short one line description of proposed change**  |
| Shift from 24 hour to 12 hour ops |
| **Name of Vessel/ Facility**  | **Incident date (01-January-2020) and time** |
| Proteus | 9 April 2019 |
| **Client name/ Job location** | **Name of person conducting meeting- PRINT** |
|  | James Howell |
| **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 | **James Howell** | **Party Chief** |  |
| 2 | **David King** | **Client Rep** |  |
| 3 | **Ken Craigue** | **Survey** |  |
| 4 | **Inge Smith** | **Client Rep** |  |
| 5 | **Les Bender** | **Lab Chief** |  |
| 6 | **Frank Rivera** | **Deck Chief** |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
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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.** |
| Currently running 24 hour operations  |
|  **2. Briefly describe the proposed change.** |
| Party Chief proposes switching to 12 hr operations for the next 2-3 days due to insufficient deck crew. Several technical crew sick with cold and fever and Deck Chief medevaced for extreme dehydration resulting from this illness.  |
|  **3. What is the goal/ purpose of making this change?** |
| Switching to 12 hr ops will allow sick technical crew time to recover. |
|  **4. List the positions and departments that will be affected. Ensure each**  **department has a representative participating in this meeting.** |
| Navigation, Lab and Deck Teams |
|  **5. What are some potential hazards associated with the proposed change?** |
| None. Change is to mitigate hazards of insufficient crew for 24 hr ops. |
|  **6. How will the hazards be mitigated?** |
| No additional hazard  |

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

**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 \_\_\_X\_\_ Urgent \_\_\_\_\_\_Minor |
|  **14. Nature of the change:**  |
|  \_\_X\_\_\_\_ 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 \_\_\_X\_\_\_ HSE or other meeting \_\_\_\_\_\_ Other- describe: |
| **16. How will next shift of workers be advised of the change? \_\_\_X\_\_\_ 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: James Howell, Party Chief  |
| **18. When will the evaluation be completed? (date/ end of job)** |
|  Approximately April 12, 2019 |
| **19. Check if any of the following was needed.**  |
|  \_\_\_\_\_ New Training \_\_\_\_\_ Documentation/ SOPs/ Forms \_\_\_\_\_\_ Regulatory or Permit adjustments \_\_\_X\_\_\_ None or N/A |
| **20. What date was change implemented? (01-January-2020) \_\_\_\_9 April 2019\_\_\_\_** |
|  |
| **21. If TEMPORARY, when is it expected to end? \_\_\_\_\_\_\_12 April 2019\_\_\_\_\_\_\_\_** |
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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)***  |
| *James Howell* | *15 April 2019* |
| *Did the change accomplish the goal it was supposed to?* | *Date change ended (if temporary)* ***(01-January-2020)*** |
| *\_X\_ Yes \_\_\_ No* | *15 April 2019* |
| *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.**