



PDHonline Course P231 (3 PDH)

Management of Change, aka MOC

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PDH Online | PDH Center

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ATTACHMENT B

Management of Change Form

SAMPLE

MANAGEMENT OF CHANGE		Page 1 of 3
Facility:		Area / Department
Proposed Start of Change Date:		
Expected Completion Date:		
Prepared By:	Title:	Date:
Type of Change – check one or more		
<input type="checkbox"/> Chemical <input type="checkbox"/> Process <input type="checkbox"/> Facility <input type="checkbox"/> Administrative <input type="checkbox"/> Utilities <input type="checkbox"/> Sales <input type="checkbox"/> Warehousing <input type="checkbox"/> Security <input type="checkbox"/> Maintenance <input type="checkbox"/> Environmental <input type="checkbox"/> Shipping <input type="checkbox"/> Other [describe] _____		
DESCRIPTION OF PROPOSED CHANGE		
AUTHORIZATION TO PROCEED WITH CHANGE		
Authorized By:	Title	
Signature:	Authorized Change Date:	
PHA DOCUMENTATION (To be completed prior to startup)	Circle Answer	IF YES DATE OF COMPLETION
Have affected personnel (i.e., and contract) been informed of and change?	YES NO	
Are operating procedures or required maintenance procedures to be updated as a result of this change?	YES NO	
If yes, have affected personnel been trained in the updated operating procedures?	YES NO	
Is the PHA affected by this change?	YES NO	
If yes, has a hazard assessment update been performed	YES NO	
Is process safety information (P&ID's, etc.) required to be updated as a result of this change?	YES NO	
If yes, has a Pre-startup Safety Review been performed?	YES NO	

COLUMN 1	COLUMN 2
CONSIDERING THAT THE FOLLOWING OPERATIONAL FACTORS MAY CHANGE WITH THE PROPOSED CHANGE DETERMINE WHICH DEPARTMENTS SHOULD BE REPRESENTED ON THE MOC COMMITTEE	
FLUID FLOWS [directions, quantity]	
TEMPERATURES [internal, surfaces]	
PRESSURES [pipes, vessels ducts]	
CHEMICALS [new, quantity change, order of addition]	
NOISE LEVELS [internal, at fence line]	
HEAT RELEASE [vessels, heat exchangers, exhaust]	
COOLING LOADS [towers, river water]	
EMISSIONS TO CONTROL DEVICES [collectors, scrubbers, precipitators]	
UTILITY LOADS [steam, water, waste water]	
OTHER	

[illegible]

At the completion of the physical change complete the following. File this report with all supporting documents.

Change completion date: _____

Change completion verified by: _____

Operations returned to normal: Date _____

Change accepted by: [Department] _____ Date _____