**Management of Change**

MOC REF:

**1.What is the change?**

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| *Describe the change including timescales* |

**2.Who?**

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| *Detail who is responsible to implement the change and who needs to be involved*  |

**3 Define the major components or activities of the change**

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| *This will help you identify the main risks of each component or activity that will be populated in table 7 below* |

1. **Who does the change affect?**

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| *Consider who it affects individuals, departments and organisations? Who needs to be notified of the change?* |

1. **What is the impact of the change?**

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| *Consider why the change is taking place and the impact on the organisation and its processes and procedures. Will it impact the safety culture? Does it meet all regulatory requirements?* |

1. **What follow up action is needed? (assurance)**

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| *Consider how the change will be communicated and whether additional activities such as audits are needed during the change and after the change has taken place*  |

**7 Safety Issues and the risk assessment**

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| **What is the issue?*****Hazard*** | **What could happen as a result?*****Consequences*** | **How Bad will it be?** ***Severity*** | **How likely is it to occur?*****Likelihood*** | **Risk****rating** | **What action(s) are we taking?** ***Mitigations*** | **Action by whom and when** |
| *1*  |  |  |  |  | *There may be more than one action for each issue* |  |
| *2* |  |  |  |  |  |  |
| *3* |  |  |  |  |  |  |
| *4* |  |  |  |  |  |  |
| *5* |  |  |  |  |  |  |
| *6* |  |  |  |  |  |  |

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| The management of change processes and procedures have been followed and the change can be implemented  |
| Post Holder acceptance signature | Name:Date: |
| Safety Manager acceptance signature | NameDate: |

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| The identified risks are considered tolerable and change is acceptable to implement |
| Final Acceptance Signature | NameDate: |