

MANAGEMENT OF CHANGE FORM SECTION A

To be completed and forwarded to MA, PR, Plant Operations Manager, or Technical Manager as appropriate, if originator is not Operations or Technical Manager

Is Work Order Required?  Yes  No  Unplanned Work Order # MOC # 000001

Description of Change Replacing PSV on Column A-101 with emission capture devices

Reason for Change Reduce fugitive emissions of methane

Target Date 9/30/2011  Permanent  Temporary Expiration Date

Change Type

Alarm/Interlock  Material  Procedure  New Process  Equipment Changes  Other

Forwarded To Administrator (ADMINISTRATOR) Forwarded Date 8/8/2011

Originator Administrator (JIM) Approved By Administrator (JIM) Rejected By Rejected Reason

**MANAGEMENT OF CHANGE FORM SECTION B**

To be initiated by Manager who approved Section A of the Management of Change Form

Items checked require consideration by the personnel assigned prior to the listed target date.

MOC # 000001

		Target Date	Checklist	Responsible Party	Assigned To	Completed
1	<input checked="" type="checkbox"/>	9/29/2011	A	GRUNDY ELLEN M (43281	GRUNDY ELLEN M (43281	
2	<input type="checkbox"/>		B			
3	<input checked="" type="checkbox"/>	9/29/2011	C	GRUNDY ELLEN M (43281	Administrator (JIM)	
4	<input type="checkbox"/>		D			
5	<input type="checkbox"/>		E			
6	<input type="checkbox"/>		F			
7	<input type="checkbox"/>		G			
8	<input checked="" type="checkbox"/>	9/29/2011	H	GRUNDY ELLEN M (43281	Administrator (JIM)	
9	<input checked="" type="checkbox"/>	9/29/2011	I	GRUNDY ELLEN M (43281	Administrator (JIM)	
10	<input type="checkbox"/>		J			
11	<input type="checkbox"/>		STD			
12	<input type="checkbox"/>		STD			
13	<input type="checkbox"/>		STD			
14	<input type="checkbox"/>		STD			
15	<input type="checkbox"/>		STD			
16	<input type="checkbox"/>		STD			
17	<input type="checkbox"/>		STD			
18	<input type="checkbox"/>		STD			
19	<input type="checkbox"/>		RA			
20	<input type="checkbox"/>		RB			
21	<input type="checkbox"/>		RC			
22	<input type="checkbox"/>		RD			
23	<input type="checkbox"/>		RE			

Items 1 through 14, if checked, must be addressed prior to Work Order issue. Associated checklists must be completed by assignee. Date entered in completed column signifies checklist items have been reviewed and any deficiencies have been resolved. Items

Coordinator Administrator (JIM)

Completed Date \_\_\_\_\_

Status  Initiated  Forwarded  On Hold  Cancelled

Rejected Date \_\_\_\_\_

Hold Reason/Cancelled Reason \_\_\_\_\_

**MANAGEMENT OF CHANGE CHECKLIST "A"**

To be completed by experienced assignee and returned to issuing Manager or assigned MOC Coordinator

Pressure/Vacuum Considerations

**Target Date** 9/29/2011

**MOC #** 000001

Check item for a Yes or OK response, or mark N/A if item does not apply. Leave blank if response is no or item has not yet been addressed. A work order cannot be issued until all checklist items have been considered. Items left blank may be marked complete

Yes		N/A		Comments
1	<input type="checkbox"/>	<input type="checkbox"/>	Will protection be provided against overpressure and vacuum?	
2	<input type="checkbox"/>	<input type="checkbox"/>	Have the correct size and setting for all relief devices been specified?	
3	<input type="checkbox"/>	<input type="checkbox"/>	Will relief device discharges be directed away from personnel and equipment?	
4	<input type="checkbox"/>	<input type="checkbox"/>	Has adequate bracing been specified for relief device discharge piping?	
5	<input type="checkbox"/>	<input type="checkbox"/>	Are only full port valves used on the inlet and outlet of relief devices?	
6	<input type="checkbox"/>	<input type="checkbox"/>	Have weep holes or drains been provided in the discharge piping of pressure relief devices?	
7	<input type="checkbox"/>	<input type="checkbox"/>	Are block valves between protected vessels or piping and downstream discharge points locked open on relief devices?	
8	<input type="checkbox"/>	<input type="checkbox"/>	Have new safety valves and rupture discs been tagged and entered into the routine maintenance program?	
9	<input type="checkbox"/>	<input type="checkbox"/>	Have provisions for cleaning relief device piping been provided?	

Additional Comments

**Completed** \_\_\_\_\_

**Completed By** \_\_\_\_\_

**On Hold Date/Rejected Date** \_\_\_\_\_

**Hold Reason/Rejected Reason** \_\_\_\_\_

**MANAGEMENT OF CHANGE CHECKLIST "C"**

To be completed by experienced assignee and returned to issuing Manager or assigned MOC Coordinator

Valve, Piping, and Vessel Considerations

Target Date 9/29/2011

MOC # 000001

Check item for a Yes or OK response, or mark N/A if item does not apply. Leave blank if response is no or item has not yet been addressed. A work order cannot be issued until all checklist items have been considered. Items left blank may be marked complete

Yes	N/A		Comments
<input type="checkbox"/>	<input type="checkbox"/>	1 Have cross-tied lines (pump headers, utility lines, etc.) been avoided where contamination, pressure, or temperature problems are likely?	
<input type="checkbox"/>	<input type="checkbox"/>	2 Has the placement of vents, drains, and sample ports been addressed such that their location will not create a personnel hazard?	
<input type="checkbox"/>	<input type="checkbox"/>	3 Are sample points, drains, and bleed-offs specified so that they will be easily accessible?	
<input type="checkbox"/>	<input type="checkbox"/>	4 Do adequate provisions exist for cleanup, isolation, entry and lockout of equipment to perform maintenance?	
<input type="checkbox"/>	<input type="checkbox"/>	5 Have appropriate valves been specified?	
<input type="checkbox"/>	<input type="checkbox"/>	6 Has adequate back-flow prevention been provided?	
<input type="checkbox"/>	<input type="checkbox"/>	7 Has electrical continuity and grounding been addressed?	
<input type="checkbox"/>	<input type="checkbox"/>	8 Has the proper material of construction been specified for equipment, piping, and gaskets?	
<input type="checkbox"/>	<input type="checkbox"/>	9 Has suitable support and bracing for piping system been adequately addressed?	
<input type="checkbox"/>	<input type="checkbox"/>	10 Has CF4 (Tank & Vessel Management Review) been addressed?	

Additional Comments

Completed \_\_\_\_\_

Completed By \_\_\_\_\_

On Hold Date/Rejected Date \_\_\_\_\_

Hold Reason/Rejected Reason \_\_\_\_\_

**MANAGEMENT OF CHANGE CHECKLIST "H"**

To be completed by experienced assignee and returned to issuing Manager or assigned MOC Coordinator

Health Considerations

Target Date 9/29/2011

MOC # 000001

Check item for a Yes or OK response, or mark N/A if item does not apply. Leave blank if response is no or item has not yet been addressed. A work order cannot be issued until all checklist items have been considered. Items left blank may be marked complete

Yes	N/A		Comments	
1	<input type="checkbox"/>	<input type="checkbox"/>	Is the work area adequately ventilated?	
2	<input type="checkbox"/>	<input type="checkbox"/>	Is noise adequately handled? (Leave blank until resolved if any new noise areas have been created or existing areas have been made worse.)	
3	<input type="checkbox"/>	<input type="checkbox"/>	Are MSDS's available?	
4	<input type="checkbox"/>	<input type="checkbox"/>	Has the system been reviewed to assure minimal personnel exposure to toxic chemicals, noise, odors, heat, and cold exposure during operation and maintenance?	
5	<input type="checkbox"/>	<input type="checkbox"/>	Has personal protective equipment been properly addressed?	
6	<input type="checkbox"/>	<input type="checkbox"/>	Does current industrial hygiene monitoring adequately address conditions altered by change?	

Additional Comments

Completed \_\_\_\_\_

Completed By \_\_\_\_\_

On Hold Date/Rejected Date \_\_\_\_\_

Hold Reason/Rejected Reason \_\_\_\_\_

**MANAGEMENT OF CHANGE CHECKLIST "I"**

To be completed by experienced assignee and returned to issuing Manager or assigned MOC Coordinator

Environmental Considerations

**Target Date** 9/29/2011

**MOC #** 000001

Check item for a Yes or OK response, or mark N/A if item does not apply. Leave blank if response is no or item has not yet been addressed. A work order cannot be issued until all checklist items have been considered. Items left blank may be marked complete

Yes	N/A		Comments
1	<input type="checkbox"/> <input type="checkbox"/>	Have waste lines been properly handled according to local, State, and Federal regulations?	
2	<input type="checkbox"/> <input type="checkbox"/>	Can hazardous materials from spills or maintenance preparation be safely handled?	
3	<input type="checkbox"/> <input type="checkbox"/>	Are County and/or HON/MON LOAR programs adequate in regard to change?	
4	<input type="checkbox"/> <input type="checkbox"/>	Are adequate provisions made for waste drum handling (properly profiled)?	
5	<input type="checkbox"/> <input type="checkbox"/>	Will run-off water be adequately contained if it becomes contaminated?	
6	<input type="checkbox"/> <input type="checkbox"/>	Have diking isolation valves been specified?	
7	<input type="checkbox"/> <input type="checkbox"/>	Have all environmental permits been obtained?	
8	<input type="checkbox"/> <input type="checkbox"/>	If waste is generated by change, is it adequately handled by existing programs? (Leave blank until resolved if change results in increase or new source of waste.)	
9	<input type="checkbox"/> <input type="checkbox"/>	If air emissions are generated by change, are they adequately handled by existing programs? (Leave blank until resolved if change results in new source of air emissions.)	

Additional Comments

**Completed** \_\_\_\_\_

**Completed By** \_\_\_\_\_

**On Hold Date/Rejected Date** \_\_\_\_\_

**Hold Reason/Rejected Reason** \_\_\_\_\_