



INTEGRATED MANAGEMENT SYSTEM

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MANAGEMENT OF CHANGE

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Page 1 of 1

Management of Change (MOC) Form

M.O.C. Type: (Facilities or Personnel) _____
 Unit (Facility): _____ Initiator (Name): _____
 Unit subsection: _____ Date: _____

Section 1: To be completed by Initiator/control room XEN

DESCRIPTION OF CHANGE (explain): _____

REASON FOR CHANGE (explain): _____

WORK STARTS DATE: (mm/dd/yy) _____ WORK ENDS DATE: (mm/dd/yy) _____
 WORK STARTS TIME: _____ AM or PM WORK ENDS TIME: _____ AM or PM

IMPACT CHANGE WILL HAVE ON HEALTH, OPERATING PROCEDURES, SAFETY, COASTAL AND MARINE ENVIRONMENTS (explain): _____

Section 2: To be completed by _____

Approved Denied Edit Operating Procedures Signature _____ Date _____
 Permit Required BPDB Notification Required BPDB Submittal Required
 Qualifications Verified Training Verified Other (explain) _____

Comments: _____

Section 3: To be completed by _____

Approved Denied Hazards Analysis Required Signature _____ Date _____
 Estimated Costs: Downtime: Permit Required
 Capital \$ _____ Days _____
 Expense \$ _____ SI (MSCFD) _____ BPDB Notification Required
 Total \$ _____ SI (BOPD) _____ BPDB Submittal Required

AFE REQUIRED (Yes/No): _____ BPDB Approval (name and number) _____

Billable to (AFE/Project No.): _____ Work Completed (date and time) _____

Documents/Drawings Attached _____

Comments: _____

Initiator/Facility PIC Name _____ Signature _____ Date _____

Prepared By		Approved By	
Reviewed By			