

# Management of Change (MOC) Checklist\*

The purpose of Management of Change (MOC) is to ensure that changes are recognized, documented, formally reviewed, and approved by qualified personnel prior to their implementation in order to avoid potential safety or operational problems and to comply with federal and provincial regulations. \*Edit this template to suit your specific needs.

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By:

Updated:

## Part 1: Change Description

Who is requesting the change (names/titles)?	enter text
Write a summary of the requested change:	enter text
List the affected equipment/machinery:	enter text
List the affected jobs/roles:	enter text
List the affected procedures, tests, and/or inspections:	enter text
List the affected reactive chemicals/materials, if applicable:	enter text

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<b>What areas will be improved by the change?</b>				
1. Safety & Health	Yes	No	N/A	Comments
2. Environment	Yes	No	N/A	Comments
3. Loss Prevention	Yes	No	N/A	Comments
4. Operations	Yes	No	N/A	Comments
5. Human Resources	Yes	No	N/A	Comments
<b>What is the proposed length of change?</b>				
6. Emergency (Initiate and Finalize as soon as possible)	Yes	No	N/A	Comments
7. Permanent	Yes	No	N/A	Comments
8. Temporary (Include length of time in comments)	Yes	No	N/A	Comments

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<b>What Type of Change is Proposed?</b>				
9. Facility Additions or Modifications (Include details in comments)	Yes	No	N/A	Comments
10. Equipment Change or Modification (Include details in comments)	Yes	No	N/A	Comments
11. Work Practices or Best Practices (Include details in comments)	Yes	No	N/A	Comments
12. IT/Computers/Systems (Include details in comments)	Yes	No	N/A	Comments
13. Subcontractor (Include details in comments)	Yes	No	N/A	Comments
14. Role Change (Include details in comments)	Yes	No	N/A	Comments
15. Procedure/Process/Method/Operation (Include details in comments)	Yes	No	N/A	Comments
16. Chemical/Contaminant/Product (Include details in comments)	Yes	No	N/A	Comments
17. Personnel Addition or Removal (Include details in comments)	Yes	No	N/A	Comments
18. Policy or Standard (Include details in comments)	Yes	No	N/A	Comments

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19. Documentation or Records (Include details in comments)	Yes	No	N/A	Comments
20. Individual's Role or Job Description (Include details in comments)	Yes	No	N/A	Comments
21. Other (Include details in comments)	Yes	No	N/A	Comments
<b>What Hazards are Involved in this Change?</b>				
22. Biological	Yes	No	N/A	Comments
23. Chemical/Contaminant/Product	Yes	No	N/A	Comments
24. Stored Energy/Electrical/Gas	Yes	No	N/A	Comments
25. Preparation/Training/Skills	Yes	No	N/A	Comments
26. Access/Egress	Yes	No	N/A	Comments
27. Emergency Planning	Yes	No	N/A	Comments

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28. Ergonomic	Yes	No	N/A	Comments
29. Physical/Cuts/Burns/etc.	Yes	No	N/A	Comments
30. Confined Space	Yes	No	N/A	Comments
31. Psychological	Yes	No	N/A	Comments
32. Has a complete change risk assessment been performed?	Yes	No	N/A	Comments

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## Part 2: MOC Initiation & Change Approval

33. Do you have a MOC Leader/Coordinator ready to run point on this change?	Yes	No	N/A	Comments
34. Do you have knowledgeable change reviewers ready to review the proposed changes?	Yes	No	N/A	Comments
35. Do you have a change finalizer, if different from MOC Coordinator?	Yes	No	N/A	Comments
36. Does the description of the proposed change and all affected systems provide enough information?	Yes	No	N/A	Comments
37. Have you identified all affected roles and personnel?	Yes	No	N/A	Comments
38. Have you identified all affected contractors and temporary personnel?	Yes	No	N/A	Comments
39. Has a change request been submitted?	Yes	No	N/A	Comments
40. Has a change request been reviewed?	Yes	No	N/A	Comments
41. Has a change request been approved?	Yes	No	N/A	Comments
42. Have process engineering, technician, or manager personnel been consulted, if needed?	Yes	No	N/A	Comments

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43. Has an equipment specifications and Maintenance/Parts technician consulted, if needed?	Yes	No	N/A	Comments
44. Will you be able to comply with all Federal, State, and Local safety and engineering standards during this change?	Yes	No	N/A	Comments
45. Have all potential hazards and gaps been reviewed and discussed?	Yes	No	N/A	Comments
<b>Change Final Approval Process</b>				
46. List all the reviewers who have reviewed the change:	Enter Text			
47. List all concerns brought up by reviewers:	Enter Text			
48. Have concerns been addressed? How?	Yes	No	N/A	Comments
49. Has the change been approved?	Yes	No	N/A	Comments

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50. Has the change been initiated?	Yes	No	N/A	Comments
51. Date of Initiation	Enter Text			

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## Part 3: Pre-Startup Safety Review

52. Pre-startup Safety Review (PSSR) conducted?	Yes	No	N/A	Comments
53. Did the PSSR expose any new, existing, or potentially existing hazards?	Yes	No	N/A	Comments
54. Have all known new, existing, or potentially existing hazards been evaluated and mitigated?	Yes	No	N/A	Comments
55. Training Program completed or updated?	Yes	No	N/A	Comments
56. Training methods provided: one-on-one or independent review	Yes	No	N/A	Comments
57. Training methods provided: group, presentation or classroom setting	Yes	No	N/A	Comments
58. Training methods provided: group, hands-on learning	Yes	No	N/A	Comments
59. New job/role procedures written and approved?	Yes	No	N/A	Comments
60. New tests/inspections written and approved?	Yes	No	N/A	Comments
61. Have all affected personnel been notified and trained on the change?	Yes	No	N/A	Comments

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62. Have all affected contractors been notified and trained on the change?	Yes	No	N/A	Comments
63. Have all Work Plans, HASPs, Procedures, Policies, MOC history page, and Documentation been updated?	Yes	No	N/A	Comments
64. Have you updated your emergency plan, if applicable?	Yes	No	N/A	Comments
65. Has the change review team reviewed the PSSR?	Yes	No	N/A	Comments
66. Has startup been approved?	Yes	No	N/A	Comments

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## Part 4: Post-Startup Evaluation & Change Finalization

67. Have new safety audits been conducted?	Yes	No	N/A	Comments
68. Have gaps in safety procedures or audits been identified and addressed?	Yes	No	N/A	Comments
69. Have all affected personnel been asked to provide feedback after the change?	Yes	No	N/A	Comments
70. Have all gaps in training been addressed?	Yes	No	N/A	Comments
71. Have all gaps in emergency and/or special procedures been resolved?	Yes	No	N/A	Comments
<b>Change Finalization</b>				
72. Has the change been fully implemented?	Yes	No	N/A	Comments
73. Has MOC been fully documented?	Yes	No	N/A	Comments

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74. Has the change been reviewed for effectiveness?	Yes	No	N/A	Comments
75. Was this change effective?	Yes	No	N/A	Comments
76. Is the change accomplishing its original intent?	Yes	No	N/A	Comments

### Temporary Change Resolution

77. Has the temporary change been returned to its normal status?	Yes	No	N/A	Comments
78. Has the temporary change been made permanent?	Yes	No	N/A	Comments
79. Was the temporary change effective?	Yes	No	N/A	Comments

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