# Change Control Request Form

# Change Request Number: <assigned by BSSO>

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| **General Information** | | | |
| Requestor Name | | | Date |
|  | | |  |
| Office | | | |
|  | | | |
| Contact | Phone | Email | Fax |
|  |  |  |  |
|  |  |  |  |

| **Change Request Definition - (Fill in this section before Change Control Team requests an evaluation)** |
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| Description – Describe the proposed change. |
|  |
| Justification – Justify why the proposed changes should be implemented. |
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| Impact of Not Implementing – Explain the impact if the proposed change is not implemented. |
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| **Change Request Evaluation Analysis (Fill in this section after Change Control Team confirms evaluation is needed)** |
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| Check each that apply  Project Schedule  Configuration Item  Product Deliverables affected  Project Costs  Project Charter  Design Deliverables affected  Project Scope  Requirement Deliverables  Construction Deliverables affected |
| Impact Description – Describe the impact for each of the items checked. List all deliverables affected by change request |
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| Alternatives – If applicable - provide up to three alternatives that could be implemented instead of the proposed change. |
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| **Change Control Team Recommendations** | | | |
| --- | --- | --- | --- |
| Review Date | Team Members | Notes | Recommendation |
|  |  |  | Evaluate  Approve  Reject  Defer Until: [DATE] |
|  |  |  | Approve  Reject  Defer Until: [DATE] |
| Rationale for Recommendation – State the rationale for recommendation. | | | |
|  | | | |

| **Change Request Final Management Approval** | | | |
| --- | --- | --- | --- |
| Final Approval Date | Name | Title | Recommendation |
|  |  |  | Approve  Reject |
| Special Instructions – Provide any additional information regarding the final recommendation. | | | |
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| **Alternative Selected and Implemented –** Provide a brief description of the alternative selected |
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