Attachment A: Process Change Worksheet

This document is to be filled out by personnel responsible for the design and/or implementation.

Project Title:	**Project Manager:**
Description of the project:	
When will it start/stop?	
What operations will it affect?	
Who will it affect?	
Who are likely contractors?	
What are the general hazards expected?	
Signed by:	**Date:**

Reviewed by: _____ (EHS Management)

_____ (Facilities Management)

_____ (Department Supervisor/Manager)