Changes that occur in the operation or related facilities should not introduce new hazards, negatively change the risk rating of existing hazards or degrade controls. This is accomplished through a process called “change management.”

Once hazards are identified, risks assessed and prioritized, and controls implemented, management-coordinating with its workforce-systematically looks for and controls change that can increase unacceptable risk. Change that results in unacceptable risk should be managed in the same manner as any other unacceptable hazard/risk, through appropriate and effective controls.

Change Management is the process of:

Identifying changes in the organization and at the operation that may introduce new risk or increase unacceptable risk by proactively looking for and controlling change at every level of the organization and across functional areas, including emergency management.

How it works

Fundamental to effective change management is training to ensure all affected personnel have a clear understanding of what “change” requires inclusion in the management process. The change management process should apply to every functional area and every level of the organization.

The management process should include changes that are:

- Planned or unplanned
- Temporary
- Incremental or permanent
And affect the operation’s plan and/or the facilities and its:

- Processes
- Systems
- Procedures
- Equipment
- Products
- Material
- Organization
- Personnel

The change management process should include a provision to address emergencies where the full management of change is likely to be unrealistic. As such, management of change and emergency management should be closely coordinated, with the goal of ensuring emergency procedures exercised in response to a crisis or emergency do not introduce additional and unacceptable risk.

**Flow of the Process**

Procedures to establish the process for effectively managing change within the operation or facilities:

- Define change requiring management review. Communicate this process to all affected employees, contractors and other stakeholders.
- Develop a change management procedure that defines the “who, what, when and how” for the reviews. Define who is authorized to approve change actions.
- Ensure that the procedure includes provision to verify that change management actions have been completed and that they do not significantly result in new, negative risk.
- Integrate change management actions into the safety and health communication process to ensure all potentially affected parties are knowledgeable.
- Document change management decisions for tracking and verification purposes and for future reference.
Workbook Materials For Module 11

Change management involves identifying changes in the organization and at the operation that may introduce new risk or increase unacceptable risk by proactively looking for and controlling change at every level of the organization and across functional areas, including emergency management.

Fundamental to effective change management is training to ensure all affected personnel have a clear understanding of what “change” requires inclusion in the management process. The change management process should apply to every functional area and every level of the organization.

**Change Management Review Process**

**Change Management Process Manager:**

Name: ________________________________
Title: ________________________________
Department: _________________________

**Identify the Change:**

Change Initiator

Name: ________________________________
Title: ________________________________
Department: _________________________

Change Recommended

____________________________________
____________________________________
____________________________________

Change Management
## Area/Department of Required Change:

- Facilities and Equipment
- Processes
- Operating Procedures
- Design and Construction
- Maintenance Procedures
- Materials Used
- Consumables Used
- Organization Structure/Responsibilities
- Personnel Changes, Training, or Competencies
- Individual Roles or Responsibilities
- Mine Design/Planning
- Contractor Administration
- Regulatory/Statutory Regulations
- Other

## Business Area Affected:

- Health and Safety
- Environmental and/or Social Responsibility
- Business Continuity

## Details of Requested Change:

_______________________________________________________________________

## Impacts of Proposed Change:

_______________________________________________________________________

## Project Administration:

- Project Name
- Date Initiated
- Date Required
- Policies/Regulations Involved
- Documentation Required
Assess, Authorize and Verify Change:

Change Assessor:

Name: _________________________________________________________________
Title: __________________________________________________________________
Department: ____________________________________________________________

Change Authorizor:

Name: _________________________________________________________________
Title: __________________________________________________________________
Department: ____________________________________________________________

Change Verifier:

Name: _________________________________________________________________
Title: __________________________________________________________________
Department: ____________________________________________________________

Assess the Risk – Identify & Evaluate Risks

Using the tools provided in Module 4, Fatality Prevention/Risk Management, conduct a risk assessment of the change.

Risk: ___________________________________________________________________
_____________________________________________________________________
Likelihood (A-E): ____________ Consequence (1-5): ________________

Ranking:
Extreme: 1A-D, 2A-C, 3A
High: 1E, 2D, 3 B-C, 4 A-B, 5A
Medium: 2E, 3 D-E, 4C, 5B
Low: 4 D-E, 5 C-E
Assess, Authorize and Verify Change (cont.):

Mitigating Controls: ________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Residual Risk Rank: __________________________________________________________________

Test/Trial Required: Yes _____ No ________
Date: __________________________
Duration: __________________________
Findings: ________________________________________________________________
________________________________________________________________________________

Authorization Required: Yes _____ No ________

Audit Schedule:
Date: __________________________
Frequency: __________________________

Authorize the Change:

Change Management Process Required: Yes _____ No ________

Sign Off Required:
Name: __________________________________________________________________________
Department: ______________________________________________________________________
Received: Yes _____ No ________
Name: __________________________________________________________________________
Department: ______________________________________________________________________
Received: Yes _____ No ________
Name: __________________________________________________________________________
Department: ______________________________________________________________________
Received: Yes _____ No ________
Received: Yes _____ No ________
Assess, Authorize and Verify Change (cont.):

Documentation Required:
- Document Name: _____________________________________________________________________
  - Completed: Yes ________ No ________
- Document Name: _____________________________________________________________________
  - Completed: Yes ________ No ________
- Document Name: _____________________________________________________________________
  - Completed: Yes ________ No ________

Change Management Plan:
- Responsible Person: _____________________________________________________________________
- Department: __________________________________________________________________________
- Implementation Schedule: __________________________________________________________________________
  __________________________________________________________________________

Subject Experts/Participants:
- ________________  ______________________
- ________________  ______________________
- ________________  ______________________
- ________________  ______________________

Implementation Plan: __________________________________________________________________________
  __________________________________________________________________________

Training Required: Yes ________ No ________
- Responsible Person: __________________________________________________________________________
- Subject(s) to Cover: __________________________________________________________________________
  __________________________________________________________________________
  __________________________________________________________________________

Persons/Departments to Train: __________________________________________________________________________
  __________________________________________________________________________

Schedule: __________________________________________________________________________

Training Plan/Method: __________________________________________________________________________
  __________________________________________________________________________
Assess, Authorize and Verify Change (cont.):

Communication/Info Sharing Required: Yes _______ No _______
Responsible Person: _____________________________________________
Subject(s) to Cover: _____________________________________________
_________________________________________________________________
Persons/Departments: _____________________________________________
_________________________________________________________________
Schedule: ________________________________________________________
Communication Method: ___________________________________________
_________________________________________________________________

Verify the Change:

Change Complete: Yes _____ No _____
Change Management Plan Followed: Yes _____ No _____
Risk Mitigating Controls in Place: Yes _____ No _____
Training Complete: Yes _____ No _____
Communications Complete: Yes _____ No _____
Change Evaluated and Audited against Additional Risk: Yes _____ No _____
Findings: _________________________________________________________
_________________________________________________________________
_________________________________________________________________
Continued or Future Evaluations: Yes _____ No _____
Schedule: _________________________________________________________
Description: _______________________________________________________
_________________________________________________________________
Responsible Person/Department: _____________________________________
Documentation Complete: Yes _____ No _____
Sign Offs Complete: Yes _____ No _____
Name: ___________________________________________________________
Title: _____________________________________________________________
Department: _______________________________________________________