CleanHarbors	Process Change Request & Notice of Change	Document Control ID: CHES.00081.FM-10HS Revision Date: 10-Nov-2017 / Revision #: 3 Owner: 10HS

PCR #:	**AREA:**	**WORK ORDER #**
INITIATED BY (PLEASE PRINT):	**DEAPARTMENT REQUESTING CHANGE:**	
DATE PCR SUBMITTED:	**DATE CHANGE REQUIRED:**	**IS THE CHANGE:** ☐ SCHEDULED ☐ UNSCHEDULED

THIS CHANGE IS BEING MADE TO A:
☐ PSM ☐ RMP ☐ NOT COVERED PROCESS

THIS CHANGE IS BEING REQUESTED TO COMPLY WITH:
☐ PSM ☐ RMP ☐ EHS ☐ COMPLIANCE ☐ AS A RESULT OF AN INCIDENT
☐ AUDIT RECOMMENDATION ☐ COST IMPROVEMENT ☐ CUSTOMER REQUIREMENT
☐ OTHER:

DEPARTMENT PERFORMING THE CHANGE:

DESCRIPTION OF CHANGE:

JUSTIFICATION OF CHANGE REQUESTED:

IS CHANGE: ☐ PERMANENT ☐ TEMPORARY	**IF TEMPORARY, PLEASE IDENTIFY EXPECTED DURATION OF THE CHANGE:**

COMPLETE THE FOLLOWING:

Does the proposed change involve material of construction, or type of equipment, or operating function? ☐ YES ☐ NO

Technical basis of the change:

Does the proposed change require modifications to the existing operating procedures, alarm set points, or process control limits? If YES, change will be field verified by: ☐ YES ☐ NO

PLANT AREA MANAGER (SIGNATURE):	**DATE:**
HEALTH & SAFETY MANAGER (SIGNATURE):	**DATE:**

Has the proposed change been reviewed to determine if the design basis safety standards are still intact? ☐ YES ☐ NO

Does the proposed change impact Safety and Health and/or Environmental compliance? ☐ YES ☐ NO

POTENTIAL HSE IMPACT AS A RESULT OF PROPOSED CHANGE*:

*** If there is a Health, Safety or Environment impact, a risk assessment must be conducted and referenced.**

Once implemented, will the change require additional training for personnel responsible for operating or maintaining the system/process/ or equipment? ☐ YES ☐ NO

TRAINING REQUIREMENT DETAILS FOR THE CHANGE (IF APPLICABLE):

Does the proposed change require a pre-start up safety review? (ALWAYS REQUIRED FOR PSM or RMP COVERED PROCESSES OR OPERATIONS) ☐ YES ☐ NO

Does the proposed change require the use of personal protective equipment? If YES, specify: ☐ YES ☐ NO

Is the proposed change going to be performed by: ☐ Clean Harbors personnel ☐ Contractors

If work is to be performed by Contractors, how are the hazards of the process/system/equipment to be communicated to the contractor?

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How will it be documented?

COMMUNICATION DETAILS TO THOSE AFFECTED BY THE CHANGE (i.e. e-mail notification, meeting, bulletin, etc.):

What method of analysis was used to conduct the process/system/equipment change review?

☐ CHECKLIST ☐ WHAT IF ☐ WHAT IF CHECKLIST ☐ FEMA ☐ HAZOP ☐ FAULT TREE
☐ OTHER:

☐ ATTACHED: ☐ OR FILE REFERENCE:

Which individual(s) participated on the change review? (Engineering, Operations, Safety, Technical, Training)?

NAME	TITLE	DATE

Did the review identify recommendations, corrective measures, action items, etc., to be completed before initial start up? ☐ YES ☐ NO

If YES, have all recommendations/corrective actions been completed? ☐ YES ☐ NO
(Please attach the list or provide a file reference)

Please identify what process/system document(s) (e.g., P&ID, procedures) need to be modified:

Document Name	I.D. Number	Date Completed

PERSONNEL APPROVING AND AUTHORIZING THIS PROCESS CHANGE REQUEST SHALL DO SO ONLY AFTER THEY ARE SATISFIED THAT ALL ELEMENTS OF THE PROCESS/SYSTEM REVIEW HAVE BEEN SATISFACTORILY ADDRESSED.

OPERATIONS MANAGER:	**DATE:**	**ENGINEERING MANAGER:**	**DATE:**
HEALTH & SAFETY MANAGER:	**DATE:**	**ENVIRONMENTAL MANAGER:**	**DATE:**
MAINTENANCE MANAGER:	**DATE:**	**I & E SUPERVISOR:**	**DATE:**
TRAINING MANAGER:	**DATE:**	**AREA MANAGER/SUPERVISOR:**	**DATE:**
GENERAL MANAGER:	**DATE:**	**OTHER:**	**DATE:**
OTHER:	**DATE:**	**OTHER:**	**DATE:**

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PROCESS CHANGE REQUEST - NOTICE OF CHANGE

AREA OF CHANGE:	**PCR #:**
EQUIPMENT AFFECTED:	
CHANGES:	
SUMMARY OF CHANGES IN THE OPERATING PROCEDURE (INCLUDING REVISED SOP #):	
CONTACT FOR ADDITIONAL INFORMATION:	**IMPLEMENTATION DATE:**
REVIEW BY OPERATORS IS REQUIRED BY:	

VERIFICATION OF REVIEW:

I understand and have been trained with respect to the change and understand how this change affects me. I also understand who I contact should I have any questions.

AFFECTED OPERATOR	SIGNATURE

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AFFECTED OPERATOR	SIGNATURE

Copy this page for additional signatures if necessary.

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