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| **Facility:** | | **Process(es) Covered:** | | | | | | | **HHS(s):** | | |
| **Completion Score History** | | **Date** | **Part A Score** | | | | | | **Part B Score** | | |
| xx/xx/xxxx | xx% | | | | | | xx% | | |
|  |  | | | | | |  | | |
| **A. PROCEDURE/POLICY REVIEW** | | | | | | | | | | | |
| **Documents Reviewed** | | | | | | | | | | | |
| **Date Reviewed** | **Title of Document** | | | | **Rev. #** | | | | **Date** | | **# Pgs.** |
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| **1) MOC PROCEDURAL REQUIREMENTS FOR EVALUATION AND AUTHORIZATION** | | | | | | | | | **NAC Ref.** | | **Resp. Code** |
| ***Item #1 Completion Score – Weighted 40% of Part A*** | | | | | | | | | **x / 9 = xx%** | | |
| i. Does the procedure define when it is to be used (*MOC must be prompted by changes in chemicals, technology, equipment and procedures used in process AND changes to buildings, structures and equipment that affect a process*) and does it designate individual(s) responsible for determining when the procedure is applicable? | | | | | | | | | 459.95423(1)  459.95341 | |  |
| ii. Does the procedure require that the technical basis for a proposed change be reviewed and approved (*the technical basis includes the reason the change is being proposed* ***but*** *also must be developed to provide a detailed description of the change including design concept, engineering studies, associated PSI, including plot plans, marked-up P&IDs, specifications and calculations*)? THE TECHNICAL BASIS MUST BE DETAILED AS IT SUPPORTS THE COMPREHENSIVE REVIEW OF THE IMPACT OF THE CHANGE ON SAFETY AND HEALTH. | | | | | | | | | 459.95423(3a) | |  |
| a. Does the procedure provide criteria for the development of the technical basis and identify the responsible individual(s)? | | | |  | | | | | 459.95423(3a)  459.95341 | |  |
| b. Does the procedure require a documented review of the technical basis and identify the responsible individual(s)? | | | |  | | | | | 459.95423(3a)  459.95341 | |  |
| c. Does the procedure require approval of the technical basis, prior to subsequent evaluation, and identify the responsible individual(s)? | | | |  | | | | | 459.95423(3a)  459.95341 | |  |
| iii. Does the procedurerequire review of the Standard Operating Procedures (SOP) to determine if revisions are necessary as a result of the proposed change? | | | | | | | | | 459.95423(3c) | |  |
| a. Does the procedure provide some type of review criteria to ensure the need to modify or develop SOPs is adequately considered, provide the criteria to draft those modifications and identify the responsible individual(s)? | | | |  | | | | | 459.95423(3c)  459.95341 | |  |
| b. Does the procedure require that the evaluation be documented? | | | |  | | | | | 459.95423(3c) | |  |
| c. Does the procedure require approval of the SOP review and identify the responsible individual(s)? | | | |  | | | | | 459.95423(3c)  459.95341 | |  |
| iv. Does the procedurerequire review of the Safe Work Practices (SWP) to determine if revisions are necessary as a result of the proposed change? | | | | | | | | | 459.95423(3c) | |  |
| a. Does the procedure provide some type of review criteria to ensure the need to modify or develop SWPs is adequately considered, provide the criteria to draft those modifications and identify the responsible individual(s)? | | | |  | | | | | 459.95423(3c)  459.95341 | |  |
| b. Does the procedure require that the evaluation be documented? | | | |  | | | | | 459.95423(3c) | |  |
| c. Does the procedure require approval of the SWP review and identify the responsible individual(s)? | | | |  | | | | | 459.95423(3c)  459.95341 | |  |
| v. Does the procedure require review and approval of the evaluation of the potential safety impacts caused by the proposed change? | | | | | | | | | 459.95423(3b) | |  |
| a. Does the procedure provide safety review criteria such as a checklist (*or other type of process hazard analysis methodology*) and identify the responsible individual(s)? | | | |  | | | | | 459.95423(3b)  459.95341 | |  |
| b. Does the safety review include criteria to evaluate the proposed changes to any Standard Operating Procedure or Safe Work Practice used in the process and identify the responsible individual(s)? | | | |  | | | | | 459.95423(3b)  459.95341 | |  |
| c. Does the procedure require that the safety impact evaluation be documented? | | | |  | | | | | 459.95423(3b)  459.95341 | |  |
| d. Does the procedure require approval of the safety impact evaluation and identify the responsible individual(s)? | | | |  | | | | | 459.95423(3b)  459.95341 | |  |
| vi. Does the procedure require review and approval of the evaluation of the potential health impacts (*personnel impacts resulting from exposure to the change*) caused by the proposed change? This must be accounted for either separately or in ‘iii’ above. | | | | | | | | | 459.95423(3b) | |  |
| a. Does the procedure provide some type of review criteria such as a checklist and identify the responsible individuals? | | | |  | | | | | 459.95423(3b)  459.95341 | |  |
| b. Does the health impact review include criteria to evaluate the proposed changes to any Standard Operating Procedure or Safe Work Practice used in the process and identify the responsible individual(s)? | | | |  | | | | | 459.95423(3b)  459.95341 | |  |
| c. Does the procedure require that the health impact evaluation be documented? | | | |  | | | | | 459.95423(3b)  459.95341 | |  |
| d. Does the procedure require approval of the health impact evaluation, and identify the responsible individual(s)? | | | |  | | | | | 459.95423(3b)  459.95341 | |  |
| vii. Does the procedure define criteria for the evaluation of permanent, temporary or emergency changes if changes are made in these circumstances and does it address the necessary time period for the change? THE CRITERIA UNDER ITEMS ii THROUGH vi MUST BE ADDRESSED FOR EACH CIRCUMSTANCE. | | | | | | | | | 459.95423(3d) | |  |
| viii. If a temporary change is possible, does the procedure provide the following? | | | | | | | | | 459.95423(3d) | |  |
| a. A designated time period for a temporary change? | | | |  | | | | | 459.95423(3d) | |  |
| b. Criteria to ensure that a temporary change is removed by the end of its designated time period or otherwise evaluated to be extended or made permanent? | | | |  | | | | | 459.95423(3d)  459.95341 | |  |
| c. A requirement for approval of the designated time period for the temporary change and identification of the responsible individual(s)? | | | |  | | | | | 459.95423(3d)  459.95341 | |  |
| ix. Does the MOC procedure designate individual(s) responsible to confirm completion of each of the elements noted in ‘ii’ through ‘viii’ above and provide authorization to proceed with the change? *(The change is ready for employee training and implementation)* | | | | | | | | | 459.95423(3e)  459.95341 | |  |
| **Notes/Comments Pertaining to Responses to Questions under Issue 2):** | | | | | | | | | | | |
| **2) EVALUATION OF ORGANIZATIONAL OR STAFFING LEVEL CHANGES ON PROCESS SAFETY** | | | | | | | | **NAC Ref.** | | **Resp. Code** | |
| ***Item #2 Completion Score – Weighted 20% of Part A*** | | | | | | | | **x / 2 = xx%** | | | |
| i. Does the procedure require evaluation of the impact of organizational or staffing level changes on the implementation of prevention and emergency response programs, establish criteria for conducting the evaluation and designate responsible individual(s)? | | | | | | | | 459.95423(2)  459.95341 | |  | |
| ii. If the evaluation conducted pursuant to ‘i’ reveals the need for change in chemicals, technology, equipment, procedures used in process; or buildings, structures or equipment that affect a process, does the procedure prompt review through the process as defined in section 1? | | | | | | | | 459.95423(2) | |  | |
| **Notes/Comments Pertaining to Responses to Questions under Issue 2):** | | | | | | | | | | | |
| **3) MOC PROCEDURAL REQUIREMENTS FOR TRAINING AND DOCUMENTATION UPDATES** | | | | | | | | **NAC Ref.** | | **Resp. Code** | |
| ***Item #3 Completion Score – Weighted 20% of Part A*** | | | | | | | | **x / 4 = xx%** | | | |
| i. Does the procedure require that process operators and any maintenance or contract employee whose job tasks will be affected by the change **are informed** of proposed change prior to implementation and is a mechanism for providing this information and documenting the exchange defined? | | | | | | | | 459.95423(4)  459.95341 | |  | |
| ii. Does the procedure require that process operators and any maintenance or contract employee whose job tasks will be affected by the change **are trained** in the proposed change prior to implementation? *(This applies in circumstances where formal training and verified comprehension of the changes are considered necessary by the plant personnel or is required by regulation.)* | | | | | | | | 459.95423(4) | |  | |
| a. Are criteria provided for assisting with making the determination to conduct formal training in the change and designate responsible individual(s)? | | | |  | | | | 459.95423(4)  459.95341 | |  | |
| b. Is a mechanism for conducting the training and documenting the comprehension verification defined? | | | |  | | | | 459.95423(4)  459.95341 | |  | |
| iii. Does the procedure require that the Process Safety Information (PSI) be updated as necessary and provide a mechanism to accomplish this and designate responsible individual(s)? | | | | | | | | 459.95423(5a)  459.95341 | |  | |
| iv. Does the procedure require the SOPs and SWPs be updated as necessary and provide a mechanism to accomplish this and designate responsible individual(s)? | | | | | | | | 459.95423(5b)  459.95341 | |  | |
| **Notes/Comments Pertaining to Responses to Questions under Issue 4):** | | | | | | | | | | | |
| **4) COMPLETION OF MOC REQUIREMENTS** | | | | | | **NAC Ref.** | | | | **Resp. Code** | |
| ***Item #4 Completion Score – Weighted 10% of Part A*** | | | | | | **x / 1 = xx%** | | | | | |
| i. Does the procedure require that the MOC is tracked from initiation to closure, provide a mechanism to track the MOC progress and designate responsible individual(s)? | | | | | | 459.95341 | | | |  | |
| **Notes/Comments Pertaining to Responses to Questions under Issue 4):** | | | | | | | | | | | |
| **5) MANAGEMENT PLAN AND DOCUMENT CONTROL** | | | | | | | **NAC Ref.** | | | **Resp.**  **Code** | |
| ***Item #5 Completion Score – Weighted 10% of Part A*** | | | | | | | **x / 2 = xx%** | | | | |
| i. Is there a site-specific plan that addresses how the MOC requirements will be developed and maintained, including: Documenting the names of person(s) who are members of the team with overall responsibility for the development, implementation and integration of the Management of Change Program Requirements? | | | | | | | 459.95341 | | |  | |
| ii. Is there a site-specific policy or procedure that addresses how MOC documentation is controlled to ensure that the most current information is in circulation and use? | | | | | | | 459.95341 | | |  | |
| **Notes/Comments Pertaining to Responses to Questions under Issue 5):** | | | | | | | | | | | |
| **General Procedure/Policy Review Notes/Comments:** | | | | | | | | | | | |

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| **B. ON-SITE INSPECTION** **- RECORDS AUDIT** | | | | | | | | |
| **1) REVIEW 2 TO 4 ISSUED MOCs**  *List on the Following Table:* | | | **NAC Ref.** | | | **459.95423** | | |
| ***Item #1 Completion Score – Weighted 50% of Part B*** | | | **x / 4 = xx%** | | | | | |
| **#** | **MOC ID #** | **Proposed Change** | **Approval**  **Date** | | | Implement **Date** | | |
| **i** |  |  |  | | |  | | |
| **ii** |  |  |  | | |  | | |
| **iii** |  |  |  | | |  | | |
| **iv** |  |  |  | | |  | | |
| **Inquiry/Observation** | | | **Response Code:** | | | | | |
| **i** | | **ii** | **iii** | | **iv** |
| a. Is there documented evidence that the Technical Basis for the proposed change was defined and approved? | | |  | |  |  | |  |
| b. Is there documented evidence that the proposed change was reviewed and approved for potential impacts on safety? (If there was a change to PSI, a PSSR must have been performed which would include a PHA) | | |  | |  |  | |  |
| c. Is there documented evidence that the proposed change was reviewed and approved for potential impacts on employee health? | | |  | |  |  | |  |
| d. Is there documented evidence that the Standard Operating Procedures were reviewed for potential impacts from the proposed change, and modified as necessary? Were the revisions approved? | | |  | |  |  | |  |
| e. Is there documented evidence that the Safe Work Practices were reviewed for potential impacts from the proposed change, and modified as necessary? Were the revisions approved? | | |  | |  |  | |  |
| f. Is there documented evidence that effective dates were established for a temporary change, and was the change only in place within that time? | | |  | |  |  | |  |
| g . Is there documented evidence that updates to the Process Safety Information (PSI) were completed? (Formal revisions may be completed after the MOC implementation) | | |  | |  |  | |  |
| h. Is there documented evidence that any identified changes or updates to the SOPs were completed? (Formal revisions may be completed after the MOC implementation) | | |  | |  |  | |  |
| i Is there documented evidence that any identified changes or updates to the SWPs were completed? (Formal revisions may be completed after the MOC implementation) | | |  | |  |  | |  |
| j. Is there documented evidence that any operations, maintenance or contract employee that is affected by the change was informed prior to implementation of the change? | | |  | |  |  | |  |
| k. Is there documented evidence that any operations, maintenance or contract employee that is affected by the change was trained prior to implementation of the change? | | |  | |  |  | |  |
| l. Is there documented evidence that the components of the proposed change have been verified as being complete prior to implementation? | | |  | |  |  | |  |
| m. Based on the Response Codes used to complete items ‘a’ through ‘l’ above, is it possible to confirm that an MOC review was performed in accordance with program requirements (all Response Codes input were either Y, R or NA)? | | |  | |  |  | |  |
| **Notes/Comments Pertaining to Responses to Questions under Issue 1):** | | | | | | | | |
| **2) EVALUATE THE REVIEW OF 1 OR 2 ORGANIZATIONAL OR STAFFING LEVEL CHANGES**  *List on the Following Table:* | | | **NAC Ref.** | | | **459.95423** | | |
| ***Item #2 Completion Score – Weighted 30% of Part B*** | | | **x / 4 = xx%** | | | | | |
| **#** | **MOC ID #** | **Proposed Change** | **Approval**  **Date** | | | Implement **Date** | | |
| **i** |  |  |  | | |  | | |
| **ii** |  |  |  | | |  | | |
| **Inquiry/Observation** | | | **Response Code:** | | | | | |
| **i** | | **ii** | **iii** | | **iv** |
| 1. Is there documented evidence that changes to organization or staffing levels were evaluated for their impact on prevention program or emergency response program implementation? | | |  | |  |  | |  |
| 1. If the evaluation revealed the need for change in chemicals, technology, equipment, procedures used in process; or buildings, structures or equipment that affect a process, was an MOC conducted for that change? | | |  | |  |  | |  |
| 1. Does the review of actual organization or staffing level evaluations indicate that they are being completed pursuant to CAPP requirements? | | |  | |  |  | |  |
| **Notes/Comments Pertaining to Responses to Questions under Issue 2):** | | | | | | | | |
| **3) MOCs COMPLETED** | | | | **NAC Ref.** | | | **Resp.**  **Code** | |
| ***Item #3 Completion Score – Weighted 20% of Part B*** | | | | **x / 1 = xx%** | | | | |
| i. Have MOCs been completed for circumstances requiring such? *(Answer is limited to auditor’s observations and inquiries. List any activities for which an MOC was not conducted as required.)* | | | | 459.95423 | | |  | |
| **Notes/Comments Pertaining to Responses to Questions under Issue 3):** | | | | | | | | |
| **General On-Site Inspection Notes/Comments:** | | | | | | | | |