

Management of Change Checklist

Authorised by: A. Stedman Date: <i>Head of Fragrance Oils</i>	Issued by: J Talbot <i>EHS Manager</i>	Related documents: 01.15 Givaudan Standard management of Change	Circulation: File/ All Depts
---	---	--	---------------------------------

This checklist should be completed for changes as identified by the Management of Change procedure (**further definition required as to what is classed as a change and triggers the form to be completed**), this includes any changes to the current systems/processes and building/equipment and organisation. It must be signed by the relevant person(s).

Where items are applicable, confirm if further action is required & who is responsible. Any individuals highlighted should form part of the project team.

Continue on additional sheets if necessary.

SECTION A			
Name of Project	Locker Rooms (Portakabin)		MoC No. MOC-14
Type of Project	Equipment	Process	Facilities Organisation
Is this change Temporary or Permanent? Temp		Is this urgent/emergency? N	
If temporary – what is the duration? – up to 2 years? TBD		What is the proposed timescale for completion? 2 months	
Description of change & purpose	Obtain a ladies and gents portacabin to be used as locker and shower rooms. Current facilities in the BT building are not suitable – see separate Powerpoint slides for justification and considerations.		
What is the affected area / plant / process etc	Back car park		
Have similar changes taken place recently – are there any learning points?	No		
Location: where & how will it be used? (Attach location plan, include dimensions e.g walkways, equipment & room)	See Powerpoint slides		
Benefits (Cus/ Bus /Us)	Customer	N/a	
	Business	Improving facilities for employees, improving standards of health and wellbeing of employees, able to implement the mobile phone policy to comply with DSEAR Regulations Improved compliance with COSHH regulations	
	Us (Employees)	Improved welfare facilities and secure storage for valuables	

Management of Change Checklist

What are the hazards & risk?	Increased number of pedestrians using the rear carpark – See RA for full details		
Who is affected? (Complete a mapping exercise HSE doc) Existing owners? What actions need to occur?	All employees working within chemical areas, who require to change their clothing before and after their shift & require storage for valuables. Mainly, Production, Warehouse, Lab personnel.		
Who is affected: Future owners Who will use it? / How will they use it? What will it do?	Any new employees to the business, they will need to be allocated a locker. Need to decide how this will be allocated – Production only? Do we have enough lockers		
How/when will this be communicated?	This has already been verbally communicated through the employee voice – a further formal communication will take place once the order has been placed and timescales agreed.		
Project Owner:	Jayne Talbot	Sponsor	Andy Stedman
Core Project Team: (Continue on the reverse if required)	Name	Department	Role
	Jayne Talbot	EHS	Process Owner/ Facilitator
	Mark Brooke / Dave Woodcock	Maint/Eng	
	Ian Ashton	Production	
	Employee Voice Reps	various	
	Natalie Walton	EA	
Is the full MoC required? Y			

If yes, please complete the following questions and consider risks pre project, during the project and post project. When looking at potential solutions, please remember the hierarchy:

- (a) avoiding risks;
- (b) evaluating the risks which cannot be avoided;
- (c) combating the risks at source;
- (d) adapting the work to the individual, especially as regards the design of workplaces, the choice of work equipment and the choice of working and production methods, with a view, in particular, to alleviating monotonous work and work at a predetermined work-rate and to reducing their effect on health;
- (e) adapting to technical progress;
- (f) replacing the dangerous by the non-dangerous or the less dangerous;
- (g) developing a coherent overall prevention policy which covers technology, organisation of work, working conditions, social relationships and the influence of factors relating to the working environment;
- (h) giving collective protective measures priority over individual protective measures; and
- (i) giving appropriate instructions to employees.

Management of Change Checklist

Item	Applicable (Y/N)			Action required	Dept or Person(s) responsible	Have they been informed Y/N
	PRE	DURING	POST			
Will there be any Building Works (Where unsure check with contractor) if Y complete the section below						
Does the project falls under Construction (Design and Management) Regulations? If Y specify who will oversee compliance.						
Is notification required to the HSE?						
Is planning permission required?				Jayne to send off pre application – sent 16.09.22		
Is building regulations approval required?						
Is disabled access needed?				N/a		
Does the Insurance Company need to be informed? Y/N				To inform Chris Edwards (JT)		
Do we need to comply with any specific requirements from the insurance company? (if Y, list)						
Check the asbestos register – is asbestos present? If Y, what action will be taken?						
Is working at height / roof work to be carried out as part of the project, what precautions need to be in place?						
Is there a risk of Legionella? E.g any changes to water systems or risk of stagnant water/ sludge, temperatures.				To ask Plumber/ Legionella (MB)?		
Who will update the legionella register / risk assessment?						
Are there any car parking considerations?				This will lose 9 spaces – but enough spaces within the rest of the carpark		
Do we need to reinforce the tarmac area				Not applicable		
Is there adequate space in the area?				Yes		
Do office areas need to be considered?						
Do we need to consider relocation of employees?						
Are utilities Required? - Gas - Electricity - Water - Other If Y, detail the requirements				Electricity & Water – will be taken from despatch warehouse – DW/MB working with electrician and plumber		
Will there be any New Equipment/ Machinery (Where unsure Check with supplier) if Y complete the section below						
Does the equipment require a CE Mark If Y, confirm with supplier that it will have one						

Management of Change Checklist

Item	Applicable (Y/N)			Action required	Dept or Person(s) responsible	Have they been informed Y/N
	PRE	DURING	POST			
Does the equipment require a declaration of conformity?						
Will user instructions which includes instructions for safe use, assembly, installation, commissioning, safe handling, adjustment and maintenance in English, be provided						
Does the equipment conform to all the applicable elements of the provision & use of work equipment regulations? Considerations include: - Are there any moving / dangerous parts - Is it fitted with safety Devices / Equipment - Will it need Emergency stops / how will it be isolated? - Guarding – does it prevent access? Are they secure? - Can the machine operate with the guards removed? - Temperatures - Stability etc						
What are the noise levels ideally less than 80 dba? The supplier should be able to provide – consider current noise levels						
Will a noise assessment be required?						
Is manual handling required? Consider weight, distances, shape, operator etc						
If Y who will complete the assessment?						
Are there ergonomic considerations (operator posture, standing, sitting, work heights & adjustments, time etc						
Is this lifting equipment? Who will add to Insurance schedule / obtain certificate (SWL)						
Are warning signs provided? Are additional warning signs required?				To review once in place		
Is a VDU assessment required?						
Is there a new or change to a pressure system? Who will add to insurance schedule?				N/a		
Is there a new or change to a gas system?				N/a		
Is lone working required at any time, if Y what precautions are required?						

Management of Change Checklist

Item	Applicable (Y/N)			Action required	Dept or Person(s) responsible	Have they been informed Y/N
	PRE	DURING	POST			
How will any equipment be delivered to site? Is specialist equipment required for unloading or positioning?				Portakabin delivering – RA/Method statement to be obtained		
Has a risk assessment been carried out? Other hazards to consider for the user, if applicable apply the hierarchy to eliminate or reduce: • Confined space • Work at height • safe access & egress – what about people with mobility issues? steps • Trapping , crushing • Moving parts • Electrical - Are any live electrical parts exposed or easy to get at? • Electrical – PAT testing required Add to PAT Register • dust, fumes, • vibration, • slips, trips • Are any exposed parts likely to be extremely hot or cold? • Possible risks from other sources of energy, such as unsupported raised parts, or hydraulic and pneumatic power sources? • Will there be an increase in vehicle movements / traffic flow? Can pedestrians be segregated from interaction with equipment or vehicles? Do we need barriers? • If N what control measures will be implemented • Consider work flow / layouts • 5S • Is there a change to working patterns				Yes, see separate document To check (DW/MB) Additional Barriers for pedestrians (DW/MB)		
Is a HAZID Required						
Do any procedures require updating or creating?						
Maintenance • PPM –to be updated? Who will do this? • Is there clear information about installation, maintenance and breakdown procedures?				Check on Legionella		

Management of Change Checklist

Item	Applicable (Y/N)			Action required	Dept or Person(s) responsible	Have they been informed Y/N
	PRE	DURING	POST			
• Consider future servicing & maintenance requirements						
Fire & Emergency Considerations						
Consider how it affects current arrangements and whether additional precautions are required. Have you reviewed the existing fire assessment & evacuation procedure? Does the proposed project require any changes or modifications?				Need to add to Fire RA (JT) No changes fire evacuation procedure		
Considerations should include; • Fire resistant materials for construction • Emergency lighting • Sprinklers • Smoke / heat detectors • Fire signage • Hot Work Procedure • Fire doors, Type, incl vision panel • Fire alarm • Changes to emergency procedure • Fire extinguishers (type & location) • Width & distance of escape routes • Is a fire drill required? • No. of people to be evacuated • Minimum distance for battery charging areas • Holes in walls to be filled in with fire resisting foam Do any checks need to be added to the maintenance register?				To install fire extinguishers Smoke detectors – Protec to install Security/fire alarm – Protec Emergency lighting / possible signage		
Are there any changes to emergency plans or emergency response?				No		
Are there any updates to site plans?				?? DW/MB – We should have so we can give the fire service the most up to date, can we do this internally?		
Will chemicals be involved? (COSHH) if Y complete the section below						
List the substances involved?						
Are these substances already used on site?						
If N are there any new hazards associated with using this chemical?						
Are there any hazard labelling requirements?						

Management of Change Checklist

Item	Applicable (Y/N)			Action required	Dept or Person(s) responsible	Have they been informed Y/N
	PRE	DURING	POST			
Has a review been completed to determine no new EHS hazards?						
Will dust or fumes be generated						
Can safer alternatives be evaluated? If N specify why not						
Who will complete a COSHH assessment for use to determine control measures?						
Is Air monitoring required? Are exposure limits associated with any substances as per EH/40 Does it need to be added to the annual air monitoring requirements? What substances need to be tested?						
Is Ventilation / LEV required or existing affected? If N, specify why not necessary						
Where will the chemicals be stored? • Consider Qtys, compatibility, bunding, ventilation, transport etc • Is there a change to COMAH storage amounts?						
For chemicals in use can leaks and spillages be prevented? Is additional bunding required?						
Do storage temperatures need to be considered?						
Are there Flammable / explosive atmospheres – does this impact upon hazardous area classifications? list precautions required to comply with DSEAR regs						
Is additional first aid required? Consider location. • Eye wash stations • Emergency showers • First aiders						
What PPE is required for the user? who will ensure this is available before work commences? Is face fit testing required – when & who responsible?						
Will Contractors be required if Y complete the section below						
Are quotes required?				Complete		
Are contractors approved and on register?				Not at the moment		
Assess competency				As above		

Management of Change Checklist

Item	Applicable (Y/N)			Action required	Dept or Person(s) responsible	Have they been informed Y/N
	PRE	DURING	POST			
RA / Method statement received & approved						
Is a Permit to work required? List types				TBD		
Environmental Aspects (Where unsure consult with EHS Dept)						
Does any effluent comply with water consents – is further testing required to confirm? Who will do this on what frequency				Applied for consent to discharge with water company – waiting for response, but not required for this type of waste.		
Will waste materials or equipment be generated? What is the method for disposal? Are there any special precautions? Who will arrange disposal?				Shower gel / soap / water Install a couple of bins (ED)		
Does this affect the packaging waste procedure?						
What will be the EWC code for disposal?						
What are costs for disposal? Has disposal of existing equipment been included in CAPEX? Consider what will be the future cost to dispose of new equipment (Life cycle of product? Can it be recycled etc						
Have the aspects and impacts register been reviewed? Are any changes required? Are Environmental objectives & targets affected? Have Environmental factors for installation been considered? E.g energy, water, fuel usage						
Are any emissions generated?						
Is there potential risk of pollution to land, water or air?				n/a		
Has an environmental risk assessment been carried out? If N, specify why not required.						
Will facilities be affected? if Y complete the section below						
- Toilets / changing areas / rest rooms/ canteen - Ventilation - Heating / cooling levels - Lighting levels (800 Lux workstations) (indoor / outdoor)				Improvement to existing facilities Supplied with fan, heating and lighting to current standards Check on Windows & blinds (DW/MB)		
IT requirements						
Hardware Requirements				N/a		
PC's / Laptops						

Management of Change Checklist

EHS Forms

Ref: EHS-XXX

Revision: 0

Date: 17.05.2021

Review period: 1 years

Page 9 of 14

Item	Applicable (Y/N)			Action required	Dept or Person(s) responsible	Have they been informed Y/N
	PRE	DURING	POST			
• Telephones • Printers • Fax machines • Wireless connectivity						
Network requirements • Number & position of network points • Additional switches / sockets • Cabling • Software Requirements				N/a		
Quality System						
ISO 9001 Will any existing procedures require updating or is new procedure required? If yes please list in the action required names of the procedures to be considered						
Is there any measurement equipment included that will need calibrating?						
People						
What are the skills / knowledge required? Is additional training required? If Y, who will carry out the training and when? How will competence be determined? Has the Training matrix updated? Is a list of authorised users required?						
Are there changes in roles & responsibilities? Has this been communicated? Additional cleaning duties?				Plan to take old rooms out of use, therefore cleaning duties transferred to new location		
Are there changes in shift patterns or working hours?						
Does this affect site security?						
Other questions						
Regulations – Indicate which are applicable and that all requirements have been addressed						
	Y/N				Y/N	
Provision and Use of Work Equipment Regulations	N			Personal Protective Equipment Regulations	N	
Health & safety at Work Act 1974	Y			Construction (Design and Management) Regulations 2015	N	
Management of Health and Safety at Work Regulations	Y			Manual Handling Operations Regulations	N	
Control of Substances Hazardous to Health (Amendment) Regulations	N			Control of Noise at Work Regulations	N	
Control of Major Accident Hazards (Amendment) Regulations	N			Control of Asbestos Regulations	N	
Health and Safety (Display Screen Equipment) Regulations 1992	N			The control of legionella bacteria in water systems. Approved Code of Practice and guidance	Y	
Workplace (Health, Safety and Welfare) Regulations 1992	Y			Work at Height Regulations	N	
Dangerous Substances and Explosive Atmospheres Regulations 2002	N			Lifting Operations and Lifting Equipment Regulations 1998	N	

Management of Change Checklist

Confined Spaces Regulations	N	Electricity at Work Regulations 1989	N
Reach	N	Supply of machinery safety regulations	N
Pressure Systems Safety Regulations	N	Building Regulations 2010	N

Additional Actions	Y/N	Action Required	Dept or Person(s) responsible	Have they been informed Y/N
Has a risk assessment been carried out?		Yes- to be updated with additional considerations	JT	
Is a Project plan/ Gantt chart/ Timescale plan required? If Y who will manage this		Yes	DW/MB	
Is a Location Map required?		Yes -	DW/MB	
Is a Process map required?		N/a		
Is a HAZID required?		N/a		
Supplier consulted?		Yes		
Contractor consulted?		Yes		
Detail any temporary actions that need to take place?				
Any other actions eg procedures/ risk assessments which are required?				

Other Comments:

Tannoy to consider?
 No smoking, No food, no drinks – may need signage
 Ladies & Gents signage – Hygiene bins (Cathedral / JT)
 Check on windows? Blinds installed (MB/DW)
 Security – unsavoury activities
 Lockers have been provided for Production, how are they allocated (Ste Simms / Paul McHugh/Ian Ashton) – Need to have a plan in case other users, e.g Lab's / office staff would like a locker
 Outside lighting adequate
 Confirm if locking up of PortaKabin is required?
 What about Agency and removing keys so that we have to break the lock?
 Spare keys – how do we replace / consider combination padlocks? Check on type of locker (MB/DW)
 Charging of mobiles – not scooters!
 Hairdryers / Straightener's - PAT testing
 Check if we need panic alarm? Lone working night shift – contacts to Night shift (MB/DW)
 Policy / procedure for use (JT)

Sign off by Project Team to validate all items have been considered and actions are appropriate

For all Capex expenditure, final approval must be given by the Head of Fragrance Oils.

Name	Job Title	Signature	Date
	Sponsor		

Management of Change Checklist

	Maintenance		

NO WORK IS TO BE COMMENCED UNTIL THE FINAL APPROVAL HAS BEEN GRANTED.

SECTION B Final Approval - Mandatory	Signature	Date
Sponsor		
Maintenance Dept		
EHS Manager		
Quality Manager		
Finance Director		
Head of Fragrance Oils		
Other		

In compliance to the Limits of authority

Change to the scope or any deviations to the original plan?, complete Section C

SECTION C	Details	Date
What is/was the change/ deviation?		
Has the change checklist been reviewed		

Management of Change Checklist

What impact has this had?		
Have all the necessary personnel been notified?		
Sign off required by project team		

Sponsor		
Maintenance Dept		
EHS Manager		
Quality		
Finance Director		
Director / Head of Fragrance Oils		

Section D: Project review

Please include a director at the sign off meeting

KICK OFF	Yes	No	Comments
Was the project goal clear?			
Was the team suitable-knowledgeable or available?			
Were any changes made to the team and why?			
Any other issues ?			

EXECUTION	Yes	No	Comments
Was there a clear understanding of the scope of work/ project goal prior to starting?			
Was there any major problems with the information issued?			
Was there any information that could have improved the process?			
Did Resource allocation affect the process?			
Were there any unforeseen problems?			
Were there any accidents, safety or environmental concerns raised?			
Value Engineering Could the same functions be achieved using less resources?			
Was the project completed in the timescales set?			
If the project was late, can reasons for overrun be identified?			
Were there any variations to the plan?			

DELIVERABLES:

Please list any key deliverables	Yes	No	Comments

Management of Change Checklist

COMPLETION	Yes	No	Comments
Has feedback from the relevant stakeholders been received?			
Were any non-conformances raised?			
If so, have they been entered recorded			

LESSONS LEARNT

SIGN OFF (Manager)	DATE

Communication	To Whom	Method