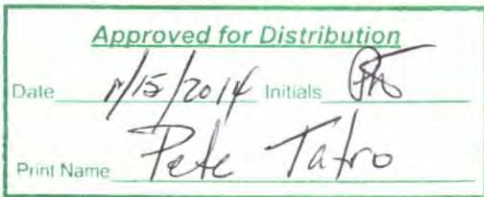
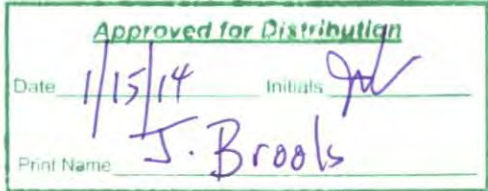


# Notice of Change to Controlled Documents #164 /15 Jan 2014

## Summary of Changes

| NOC# | Ch., Sec., SOP                             | Summary  | Revision# |
|------|--|--|-----------|
| 164  | Management of Change forms and cheat sheet | MOC forms and cheat sheet updated to simplify the process. | Jan 2014  |

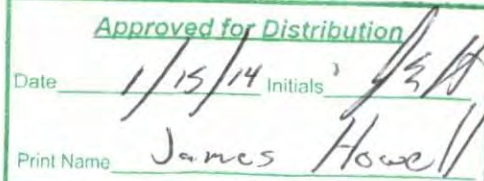
1-30-14 SS Smm Forms Only pg updated.  
1-30-14 SS SMM TOC web page updated  
1-30-14 SS NOC web page updated  
N/A SMM - each section updated  
1-30-14 SS NOC sent to fleet  
1-30-14 SS NOC pdf posted on CM

| Approvals   | Approvals   |
|---|---|
|  <p><i>Approved for Distribution</i><br/>Date: 1/15/2014 Initials: PT<br/>Print Name: Pete Tatro</p> |  <p><i>Approved for Distribution</i><br/>Date: 1/15/14 Initials: JB<br/>Print Name: J. Brooks</p> |

### NOC # 164 Management of Change Forms and Cheat Sheet Complete Revision- all sections

**Topic:** Documents revised and simplified.

| Revision #             | Section(s)                                 |
|------------------------|--|
| Revision #<br>Jan 2014 | • Revised documents continued on next page |



*Approved for Distribution*  
Date: 1/15/14 Initials: JH  
Print Name: James Howell

## Step 2: Pre-Management of Change Risk Analysis

Date 14 Dec 2013

What is the policy or procedure affected by proposed change? LIFTING GEAR INSPECTION COLOR SCHEME.

Risk Analysis meeting conducted by: MARK MITCHELTREE

|                               |                 |                    |             |                   |
|-------------------------------|-----------------|--------------------|-------------|-------------------|
| Likelihood                    | Likely          | Medium Risk        | High Risk   | Extreme Risk      |
|                               | Unlikely        | Low Risk           | Medium Risk | High Risk         |
|                               | Highly Unlikely | Insignificant Risk | Low Risk    | Medium Risk       |
|                               |                 | Slightly Harmful   | Harmful     | Extremely Harmful |
| <b>Potential Consequences</b> |                 |                    |             |                   |

Use this chart to answer the questions below.

1. Briefly describe the current situation/ procedure. TDI LIFTING GEAR INSPECTION COLOR SCHEME TO CHANGE AS OF 01-JAN-13. R/V GYRE SCHEME WILL REFLECT CHEVRON'S COLOR SCHEME UNTIL END OF PROJECT. THEN REVERT BACK TO TDI COLOR SCHEME.

At the end of the form the team decides to implement to change or not. **If NO, send copies of Steps 1 and 2 to [dpa@tdi-bi.com](mailto:dpa@tdi-bi.com) and file with bridge documents. If YES, proceed to Step 3.**

**Does the team agree that the change should be implemented?**

YES

NO

If yes, go to the next step and complete the MOC Implementation form.

| Printed Name | Position | Signature |
|--------------|----------|-----------|
|              |          |           |

- **Step 3- MOC Implementation Form**-If the team agrees to implement the change, the next step is to complete the implementation form. If the change is **TEMPORARY**, then note the end date.

Initiation

### Step 3: Management of Change Implementation Form

Date: 14 Dec 2013

Project: \_\_\_\_\_ Vessel/ Location: R/V Gyre

| Type of Change                                |                                    | Nature of Change                            |   |  |
|---|------------------------------------|---|---|--|
| <input type="checkbox"/> Permanent            | <input type="checkbox"/> Emergency | <input type="checkbox"/> Operations         | <input checked="" type="checkbox"/> Equipment | <input type="checkbox"/> Haz. Material |
| <input type="checkbox"/> Minor                | <input type="checkbox"/> Urgent    | <input type="checkbox"/> Personnel          | <input type="checkbox"/> Procedures           | <input type="checkbox"/> Parameters    |
| <input checked="" type="checkbox"/> Temporary | (Removal Date: 30 Jun 14)          | <input type="checkbox"/> Regulatory Permits | <input type="checkbox"/> Other                |  |

Description of change (Include current process):

Temporary change from TDI lifting gear color codes to client color code system for duration of this project starting 01 January 2014.

|                        | Name (Print)     | Signature       | Date        |
|------------------------|------------------|-----------------|-------------|
| Originated By:         | MARK MITCHELTREE | <i>MA. Tree</i> | 14 Dec 2013 |
| Supervisor Endors:mat. |                  |                 |             |

## Step 1: Consideration of Management of Change Meeting Sign in Sheet

Date \_\_\_\_\_ Topic \_\_\_\_\_

**This meeting should be conducted by a team including management and workers who would be directly affected by the proposed change.**



**TDI Brooks Intl, Inc.**

Vessel/ Facility: \_\_\_\_\_

| No. | STAFF NAME | SIGNATURE | No. | CREW NAME | SIGNATURE |
|-----|------------|-----------|-----|-----------|-----------|
| 1.  |            |           | 1.  |           |           |
| 2.  |            |           | 2.  |           |           |
| 3.  |            |           | 3.  |           |           |
| 4.  |            |           | 4.  |           |           |
| 5.  |            |           | 5.  |           |           |
| 6.  |            |           | 6.  |           |           |
| 7.  |            |           | 7.  |           |           |
| 8.  |            |           | 8.  |           |           |
| 9.  |            |           | 9.  |           |           |
| 10. |            |           | 10. |           |           |
| 11. |            |           | 11. |           |           |
| 12. |            |           | 12. |           |           |

### MEETING MINUTES

**Change Proposed:**

**Safety Issues:**

**Final decision:**

**Other:**

**Client Rep**

**Party Chief**

|                      |  |  |
|----------------------|--|--|
| <b>Printed Names</b> |  |  |
| <b>Signatures</b>    |  |  |

10. Will any additional/ special training be required as a result of the change? \_\_\_No \_\_\_Yes

a. If yes, describe additional training required and how it will be accomplished.

11. After the change and additional mitigations, rate the likelihood of injury or harm to personnel, equipment or environment.

Likely                  Unlikely                  Highly Unlikely

12. After the change and additional mitigations, rate the potential severity of any harm to personnel, equipment or environment.

Slightly Harmful          Harmful                  Extremely Harmful

13. Using the chart, what is the new level of risk for this activity? \_\_\_\_\_

14. Who will evaluate the effectiveness of the change ? (Was the goal accomplished?)

15. When and how will it be evaluated?

16. If change is temporary, when will it cease?

**Does the team agree that the change should be implemented?**

**YES**

**NO**

**If yes, go to the next step and complete the MOC Implementation form.**

| <b>Printed Name</b> | <b>Position</b> | <b>Signature</b> |
|---------------------|-----------------|------------------|
|                     |                 |                  |
|                     |                 |                  |
|                     |                 |                  |
|                     |                 |                  |
|                     |                 |                  |

## Implementation (continued)

| Was any of the following needed?  |                | Date Completed<br>(DAY/MONTH/YEAR) |
|---|----------------|------------------------------------|
| Documentation/ SOP's/ Forms Changes   | ___ Yes ___ No |                                    |
| Regulatory/ Permit Adjustments  | ___ Yes ___ No |                                    |
| New Training Required   | ___ Yes ___ No |                                    |
| If new training required, please describe: (video, lecture, hands on, demonstration, etc.)  |                |                                    |
| <p>If change was <b>TEMPORARY</b>, when is it expected to end? _____<br/> <span style="margin-left: 400px;">DAY/ MONTH/ YEAR</span></p> <p>If change was <b>PERMANENT</b>, when did it start? _____<br/> <span style="margin-left: 300px;">DAY/ MONTH/ YEAR</span></p> <p>When will change be <b>evaluated</b> to see if it is effective? _____<br/> <span style="margin-left: 300px;">DAY/ MONTH/ YEAR</span></p> <p><b>Who</b> will evaluate it? _____<br/> <span style="margin-left: 100px;">PRINT NAME</span> <span style="margin-left: 200px;">POSITION</span></p> |                |                                    |

**\*\*When all sections above are completed, email a copy to [dpa@tdi-bi.com](mailto:dpa@tdi-bi.com).**

## Close-Out

|  |                                |
|--|--------------------------------|
| Evaluation conducted by: _____   | Date _____<br>DAY/ MONTH/ YEAR |
| PRINTED NAME   | SIGNATURE                      |
| Did the change accomplish the goal it was supposed to? ___ Yes ___ No<br>If no, why not? |                                |
| List any lessons learned. (attach page if needed)  |                                |
| Temporary change was ended on date (DAY/ MONTH/ YEAR) _____                              |                                |
| Verified by _____  |                                |

**\*\*When Close-Out section is completed, email a copy to [dpa@tdi-bi.com](mailto:dpa@tdi-bi.com).**