

MANAGEMENT OF CHANGE (MoC) – MANAGEMENT & SIGN-OFF FORM

Compliant with EASA Part-ORO (ORO.GEN.200) & Part-145 (145.A.200)

PART A: CHANGE DEFINITION & SCOPE

(To be completed by the Change Proposer)

1. GENERAL INFORMATION

MoC Reference Number: _____

Date Raised: _____

Change Proposer: _____ (Name/Dept)

Change Level (Scalability):

Level 1 (Simple): Minor procedural change, low impact. (Complete Parts A, B, E)

Level 2 (Complex): Major structural/system change, high impact. (Complete All Parts)

2. DESCRIPTION & JUSTIFICATION

Change Title: _____

Description of Change (What is changing?):

Reason for Change:

Regulatory Requirement

Safety Improvement

Business/Economic Decision (e.g., Cost cutting, Restructuring)

Operational Efficiency

The "Why" Statement (The driver for the change):

3. TRANSITION PERIOD DEFINITION

Start Date (Old State ends): ___ / ___ / _____

End Date (New State fully active): ___ / ___ / _____

Transition Risk Description (How will we operate *during* the gap?):

(e.g., Hybrid procedures, temporary facilities, parallel software running)

PART B: INITIAL IMPACT ASSESSMENT (THE "THREE PILLARS")

(Identify business triggers. If ANY are checked for a Level 2 change, proceed to Part C)

PILLAR 1: RESOURCES

Yes No Staff: Change in headcount, competence, or experience levels?

Yes No Tools/Facilities: New equipment, moving locations, loss of access?

Yes No IT/Software: New systems or parallel running of old/new?

PILLAR 2: MANAGEMENT DIRECTION

Yes No Procedures: Changes to SOPs, MOE, or OM?

Yes No Training: Is new training or specific conversion required?

Yes No Policy: Change in company policy or strategy?

PILLAR 3: MANAGEMENT CONTROL

Yes No Supervision: Reduction in supervisors or change in reporting lines?

Yes No Oversight: Reduced ability to monitor safety during the change?

PART C: SAFETY RISK ASSESSMENT (THE SAFETY CASE)

(Required for Level 2 Changes. To be completed by Cross-Functional Team)

1. HAZARD IDENTIFICATION & HUMAN FACTORS

(Focus on "Transition Period" and "Future State" hazards)

Hazard 1 Description: _____

HF Impact? (Fatigue/Distracted): Yes No

Initial Risk Rating: _____

Hazard 2 Description: _____

HF Impact? (Fatigue/Distracted): Yes No

Initial Risk Rating: _____

2. RISK MITIGATION PLAN (CONTROLS)

(Controls must be in place BEFORE implementation)

Hazard Ref	Mitigating Action (Control)	Owner	Due Date
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

3. MONITORING STRATEGY (VERIFICATION)

(How will you monitor risk during the Transition Period?)

Pulse Check Surveys (Staff feedback loops)

Leading Indicators (Monitoring specific safety reports)

Increased Supervision / MBWA (Management Walking Around)

PART D: IMPLEMENTATION APPROVAL (SIGN-OFF)

(Formal "Go / No-Go" decision based on the Safety Case)

1. SAFETY MANAGER REVIEW

Risk Assessment is complete and follows methodology.

Mitigations are appropriate and feasible.

Name: _____ Signature: _____ Date: _____

2. ACCOUNTABLE MANAGER / NOMINATED PERSON APPROVAL

I accept the residual risk and authorize the implementation.

Resources required for mitigation are approved.

Name: _____ Signature: _____ Date: _____

PART E: POST-IMPLEMENTATION REVIEW (PIR) & CLOSURE

(To be completed after the review period, e.g., 3 months post-change)

1. VERIFICATION QUESTIONS

Did the change achieve its objective? Yes No

Did the mitigations work as planned? Yes No

Did any *unexpected* hazards arise? Yes No

2. REVIEW CONCLUSION

Summary of Findings:

Final Decision:

Close MoC (Change is stable).

Keep Open (Further mitigation required).

3. FINAL CLOSURE SIGN-OFF – Responsible Manager (Business Area Owner)

Name: _____ Signature: _____ Date: _____