

Management of Change Form

FORM COMPLETED BY

Name:	Date:
Phone:	Email:

CHANGE DETAILS

Description of change:
Why is the change required?
Stakeholders: Who does the change impact? (Instructors / Students / Maintainer / Business Owner / Committee / Etc.)
What training/education requirements must be implemented as a result of the change?
How will the change be communicated to the relevant stakeholders? (Email, newsletter, briefing, training session, etc.)
What documents and/or procedures require updating as a result of the change? (SOP's, Emergency Response Plan, Checklists, etc.)
What compliance requirements must be considered with the change? (RAAus Operations Manual, RAAus Technical Manual, CASR Part 91, Workplace Health & Safety, etc.)

CHANGE RISK REVIEW (TO BE COMPLETED IN CONSULTATION WITH SAFETY COORDINATOR)

What additional hazards to aviation safety may be introduced as a result of the change?

What controls must be implemented to manage hazards to aviation safety?

ACTION LOG (Record of change management / training / communications / etc.)

ACTIONS TAKEN

REVIEW AND CLOSURE (Changes should be reviewed following implementation to consider any unidentified consequences)

Date of Change Implementation:

Review Date:

Additional Actions Required:

Date of Change Management Closure:

Name: