Appendix 1 – Change Control Form (Ref No. [FRM 76](https://rderesearch.co.uk/templates-forms/))

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| **Department:** |  | **Change Requestor’s Name** |  | **Date Started:** |  |

***If a step is not appropriate for this change control process, enter N/A in the response/comments box***

**Change Proposal**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Step 1 - Details of change** | **Response / Comments** | **Person****Responsible** | **Target****Date** | **Date****Completed** |
| Existing system/process |  |  |  |  |
| Proposed Change(s) |  |  |  |  |
| Reason/Justification for Change(s) |  |  |  |  |
| What are the expected benefits? |  |  |  |  |
| Are there any risks to this change? (If there is a significant risk or risks, follow the Trust’s risk assessment process) |  |  |  |  |
| What are costings/budget implications? |  |  |  |  |
| Will the change impact on other teams/departments? Detail if yes. |  |  |  |  |
| **APPROVAL:****I confirm that I have approved this change request:**(Person responsible approving the changes i.e. R&D Manager, Assistant R&D Manager, QA Manager, Lead Nurse etc…) | **Name:****Signed:**  |  |  |  |

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| **Step 2 - Documentation** | **Response / Comments** | **Person****Responsible** | **Target****Date** | **Date****Completed** |
| **Existing Documentation Identified for the change:**Have all associated documents been reviewed and updated as appropriate? (list documents updated)This MUST include any changes made to an existing SOP(s), Policy, Risk assessment, COSHH assessment, Checklist etc. |  |  |  |  |
| **New Documentation Identified for the change:**Have all necessary documents been written? (list documents written)This MUST include all new documents such as SOP(s), Policy, Risk assessments, COSHH assessment, Checklist etc. |  |  |  |  |

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| **Step 3 - Equipment** | **Response / Comments** | **Person** **Responsible** | **Target****Date** | **Date****Completed** |
| Does the change require the alteration of existing or the introduction / purchase / acquisition of new equipment? (List equipment required)Has the equipment been validated prior to use? (Give details) |  |  |  |  |
| **Step 4 – Facilities and IT** | **Response / Comments** | **Person** **Responsible** | **Target****Date** | **Date****Completed** |
| Does the change require the introduction of new facilities (furnishings or other refurbishment)? (Give details)Does the change require the introduction of new IT systems?Have these been validated prior to use? (Give details)Has the impact on departmental processes and/or other IT systems been assessed? (Give details) |  |  |  |  |

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| **5. Communication & Training** |  |  |  |  |
| Have these changes been communicated to the relevant staff? (give details)Have staff received appropriate training? If so training records must be retained by the department.(list how this was assessed)Have the users of the service been informed of any changes that may impact on them? |  |  |  |  |

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| **6. Action(s): List any associated actions below *(add additional lines if more actions are required)*** |
| **Action Description** | **Allocated to:** | **Date to be completed** | **Completed? Y/N** | **Comments** |
|  |  |  |  |  |
| **Action Description** | **Allocated to:** | **Date to be completed** | **Completed? Y/N** | **Comments** |
|  |  |  |  |  |
| **Action Description** | **Allocated to:** | **Date to be completed** | **Completed? Y/N** | **Comments** |
|  |  |  |  |  |
| **Sign off:****I confirm that this change control****Process is complete:**(Person responsible for carrying out theChange request) | **Signed:****Name:** | **Date completed:****Position:** |
| **Approval:****I confirm that I have approved this change request and I agree with the** **Implementation:**(Person responsible for approving the changes) | **Signed:****Name:** | **Date completed:****Position:** |
| **This change control process has been reviewed by the QA Manager** | **Signed:****Name:** | **Date:** |