**Instructions for Completing Change Order:**

The organization representative completing the change order will need clear details on the change required, the justification to the change, and review the health and safety impacts and how the hazards and risk impacts will be eliminated/substituted or controlled to minimize losses.

Approval of changes must be signed and accepted prior to commencing with the change order.

Once the controls identified in the change order are implemented, a final re-inspection of the controls and risk mitigation strategies must be completed and signed by authorized personnel.

|  |  |
| --- | --- |
| **Project Title** |  |
| **Tender / RFx / Project No.** |  |
| **Project Location** |  |
| **Organization Requesting Change** * Prime Contractor (Check box if Prime Contractor)
 |  |
| **Date of Request** |  |
| **Description of Change** |  |
| **Reason for Change** |  |
| **Support Documentation & Justification for Change** |  |
| **Specifications** |  |
| **Additional Information** |  |

|  |  |  |
| --- | --- | --- |
| **Change in Contract Price** |  | **Change in Contract Time** |
| ***Original Price*** |  |  | ***Original Times*** |  |
| ***Net Increase / Decrease*** |  |  | ***Net Increase / Decrease*** |  |
| ***Total Contract Price*** |  |  | ***Total Contract Time*** |  |

|  |
| --- |
| **Health and Safety Impacts** |
| **Project Specific Health & Safety Plan Updates** | * **Yes**
 | * **No**
 |
| Description of Health and Safety Plan updates and risk impacts: |
| **Project / Formal Hazard Assessment Changes** | * **Yes**
 | * **No**
 |
| Description of new/changed hazards and risk impact: |
| **Training Requirements** | * **Yes**
 | * **No**
 |
| Description of training required and roles/positions requiring training: |
| **Job Procedures / SWP / COPs** | * **Yes**
 | * **No**
 |
| Description of new/updated procedures, practices, and codes of practices: |
| **Other Risk Impacts** | * **Yes**
 | * **No**
 |
| Description of other risk impacts to the change order, (engineering, environmental, equipment): |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Submitted by*****Signature*** |  |  | **Approved by*****Signature*** |  |
| **Name & Title** |  |  | **Name & Title** |  |
| **Date** |  |  | **Date** |  |

|  |
| --- |
| **Inspection of Change Order Controls** |
|  |  |
| **Authorized Personnel (Name & Signature)** | **Date of Re-inspection** |