

Form Number LLCF-047	Issue Date 12/29/09	Revision Date 01/15/26	Form Number LLCF-047
MOC Form			

Title _____ **Date** _____
Location _____ **Initiator** _____
GIS Company Name: _____

Basis For Change (Check All That Apply)

_____ Safety _____ Operational Necessity _____ Emergency
_____ Environmental _____ Other

Description of change

Check Applicable Groups:

Reviewed By / Date:

_____ Engineering
_____ Safety
_____ Environmental/Regulatory
_____ Other
_____ Operations (Final Approval)

Check All That Apply	Req'd	Responsibility		Complete	
		Group	Person	Date	Initials
Detailed Job Procedure					
Process Hazard Review					
New/Revised Op. Procedure					
New/Revised Maint. Procedure					
Operator Training					
Contractor Training					
Maintenance Records Update					
P&ID Update					
Equip. Inspection Record Update					
Maintenance Records Update					
Pre-Startup Safety Inspection					
Vendor Data					
Other					

Approval to Proceed with Review _____ Date _____

Supervisor / Manager