

Change Request Form

Project: _____ Change Request No.: _____

Change Title: _____ Design Packages affected: _____

Initiator: _____ Position: _____

Date of Request: _____ Requested Response Date: _____

Background and reason for the Request

(What led to this request? (E.g., Design review comments, non-compliance, innovation, VE, constructability considerations etc.)

Details of Request

(Provide details of proposed Change)

Relevant supporting information and documents

(Attach any supporting information as may be needed eg. correspondence reports, sketches, drawings etc)

Potential impacts to consider		
(Provide as much quantitative information as possible; omitted information cannot be considered.)		
Impact is on	Click if applicable	Details Specific quantitative details required; extend fields and add additional pages/rows as necessary
Contract	☐	
Scope	☐	
Approvals	☐	
Cost	☐	
Program	☐	
Quality	☐	
Safety	☐	
Environment	☐	
Constructability	☐	
Operations / Maintenance	☐	
Performance	☐	
Stakeholder	☐	
Interface Contractors	☐	
Other (provide details)	☐	
Key Risks and Mitigation Strategies		1. 2.
Design Change Request Response		
(Provide response if approved or not approved, any condition of approval etc.)		
Response Reference	Name	Response date:
Checked: <i>The content of this DCR has been checked for impact on design interfaces, adequacy and completeness against the baseline project requirements and project specifications.</i>	<i>Design Manager</i>	

Checked: <i>The content of this DCR has been checked for impact on approved budget and program.</i>	<i>Commercial Manager</i>	
Approved: <i>The content of this DCR is approved; Where needed, Client approval has been obtained. Instruction can be</i>	<i>Project Manager</i>	