

CHANGE MANAGEMENT REQUEST FORM

Part A

REQUESTED BY:

DATE OF REQUEST:

CHANGE REQUEST DESCRIPTION:

WHAT ARE THE RISKS ASSOCIATED WITH PERFORMING THE ACTIVITY?

WHO WILL BE PERFORMING THE WORK?	SPECIFIC HARDWARE CHANGE WILL TAKE PLACE ON (Device Name/System)?	DATE AND TIME WORK WILL BEGIN:
TIME WORK WILL BE COMPLETED	WILL WORK REQUIRE A SYSTEM OUTAGE? YES NO	TYPE OF CHANGE: EMERGENCY CHANGE YES NO SCHEDULED CHANGE YES NO

WHAT IS THE IMPACT OF NOT PERFORMING THE CHANGE AT THIS TIME?

WHAT PROCEDURES WILL BE USED FOR IMPLEMENTING THE CHANGE?

HAVE THE PRODUCT AND PROCEDURES BEEN TESTED?

YES NO

WHAT WERE THE RESULTS?

WHAT IS THE BENEFIT TO THE CUSTOMER IF THE CHANGE IS SUCCESSFUL?

WHAT IS THE ROLL BACK PROCEDURE?

WHAT IS THE IMPACT ON CUSTOMERS IF A ROLL BACK IS NECESSARY?

AUTHORIZED BY:

DATE APPROVED:

CHANGE MANAGEMENT REQUEST FORM
Work Completion Form - Part B

ORIGINAL CMR DATE:

WAS CHANGE COMPLETION SUCCESSFUL?

YES

NO

IF NO, REMEDIATION PROCESS USED:

WAS WORK COMPLETED ON TIME?

YES

NO

IF NOT, WHAT WAS THE DELAY?

AFTER CHANGE WAS MADE, WERE ALL SYSTEMS PINGED TO ENSURE CONNECTIVITY?

YES

NO

WHAT CUSTOMERS WERE NOTIFIED?

WHEN WERE THEY NOTIFIED?

WHAT METHOD(S) OF NOTIFICATION WAS USED?

HAVE ALL TRM/CS STAFF BEEN NOTIFIED AND PROVIDED GUIDELINES ON ANY ACTION THEY MIGHT NEED TO TAKE IN SUPPORT OF THIS EFFORT?

WAS FEEDBACK PROVIDED BY THE CUSTOMER REGARDING THE CHANGE OR THE CHANGE IMPACT?

ADDITIONAL COMMENTS/CONCERNS: