

# NC CIRCLE CHANGE MANAGEMENT

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## SUCCESSFUL CHANGE MANAGEMENT INVOLVES:

1. GETTING EVERYONE'S OPINION
2. FOLLOWING APPLICABLE  
PROCEDURES / FORMS
3. REMEMBERING THE GOLDEN  
RULE
4. DOES IT IMPACT SAFETY?

# GET EVERYONE'S OPINION

- ONLY CHANGES THAT INVOLVE ALL THOSE AFFECTED WILL BE TRULY SUCCESSFUL. (BOTH SHIFTS TOO)
- A POORLY PLANNED CHANGE WILL NOT BE MAINTAINED.
- AND BY GETTING EVERYONE'S OPINION FIRST THE CHANGE IS WELCOMED NOT SHUNNED.

# GET EVERYONE'S OPINION

HOW WOULD YOU FEEL IF SOMEONE MADE  
CHANGES AND DIDN'T TELL YOU?

DISRESPECTED?

SPITEFUL?

ANGRY?

IGNORED?

USELESS?

HAPPY?

(I THINK WE KNOW WHICH ONE DOESN'T  
BELONG THERE!)

WE WANT TO KEEP EVERYONE HAPPY, SO  
KEEP THEM INVOLVED.

# APPLICABLE PROCEDURES / FORMS

SPS HAS SEVERAL CHANGE MANAGEMENT PROCEDURES TO FOLLOW, DEPENDING ON THE CHANGE. (TYPE, WHO AFFECTED)

**# 1 RULE = APPROVAL BEFORE IMPLEMENTATION!**

| WHO'S AFFECTED                  | WHO NEEDS TO REVIEW / APPROVE          | WHAT PROCEDURE OR FORM?                   | HOW                                     |
|---------------------------------|--|---|---|
| HCM & SPS                       | SPS MNGT<br>(WHO WILL CONFER WITH HCM) | CD-021-1&2                                | FOLLOW FLOW TO DETERMINE HOW TO PROCEED |
| SPS SUPPLIERS<br>(BASICS, RIGO) | SPS MNGT                               | CD-021-1                                  | FOLLOW FLOW TO DETERMINE HOW TO PROCEED |
| HCM SUPPLIERS<br>(VENTRA, KCC)  | SPS SR. MNGT                           | CD-021-2                                  | FOLLOW FLOW TO DETERMINE HOW TO PROCEED |
| SPS INTERNAL                    | AFFECTED AREAS<br>SV/SL / MNGR         | CF-010 & EF-017-A<br>(FOR ENVIRO CHANGES) | COMPLETE FORM AND CIRCULATE             |

PLEASE ENSURE TO USE THESE PROCEDURES / DOCUMENTS AS THEY ARE USED FOR APPROVALS AS WELL AS FOR GENERAL INFORMATION PURPOSES.

## SPS INTERNAL CHANGES ONLY

# APPLICABLE PROCEDURES / FORMS

| Change Management Checklist             |   |                     |    |                              |       |    |     |            |                       |  |
|---|---|---------------------|----|------------------------------|-------|----|-----|------------|-----------------------|--|
| Project being reviewed: _____           |   |                     |    |                              |       |    |     |            |                       |  |
|   |   |                     |    |                              |       |    |     |            |                       |  |
| Completed by: _____ Department: _____   |   |                     |    |                              |       |    |     |            |                       |  |
| Date: _____                             |   |                     |    |                              |       |    |     |            |                       |  |
| #                                       | Assessment  | Yes                 | No | Specify details, if possible | BR/MD | QR | JEC | Facilities | Other, Please specify |  |
| 1                                       | Will there be any impact on traffic (additional truck movement), internal or external roads, building, property or current equipment locations?   |                     |    |                              | X     | X  |     |            |                       |  |
| 2                                       | Will new chemicals or chemical based products be used?  |                     |    |                              | X     |    | X   |            |                       |  |
| 3                                       | Will the use of an existing chemical be increased or applied in a different manner?   |                     |    |                              | X     |    |     |            |                       |  |
| 4                                       | Will new packing or processing equipment be installed?  |                     |    |                              |       |    | X   |            |                       |  |
| 5                                       | Will there be any changes to, additions of, machine guarding?   |                     |    |                              |       |    | X   |            |                       |  |
| 6                                       | Will utility flows (steam, water, electrical power, air, compressed gases) be moved, added, changed or deleted?   |                     |    |                              |       |    | X   |            |                       |  |
| 7                                       | Will there be any changes to, or additions or relocation of the following:  |                     |    |                              |       |    | X   |            |                       |  |
| 8                                       | 8a) fire wall, floors, ceilings   |                     |    |                              |       |    | X   |            |                       |  |
|   | 8b) fire doors, smoke vents   |                     |    |                              |       |    | X   |            |                       |  |
|   | 8c) sprinkler system, fire extinguishers  |                     |    |                              |       |    | X   |            |                       |  |
|   | 8d) location of spill kits or contaminated waste  |                     |    |                              |       |    | X   |            |                       |  |
|   | 8e) equipment or equipment structures   |                     |    |                              |       |    | X   |            |                       |  |
| 9                                       | Will new emissions (additional truck movement) be produced or existing emissions modified, (air, odours, dust, water sewer)?  |                     |    |                              | X     |    | X   |            |                       |  |
| 10                                      | Are any new ignition sources added to the area because of this change? (electric tools/equip)   |                     |    |                              |       |    | X   |            |                       |  |
| 11                                      | Will any new pollution control equipment be installed or existing equipment modified?   |                     |    |                              | X     |    | X   |            |                       |  |
| 12                                      | Will any new solid or hazardous waste be generated?   |                     |    |                              | X     |    |     |            |                       |  |
| 13                                      | Will there be a change to QOP's, Operation Standards, Process Guidelines?   |                     |    |                              |       | X  |     |            |                       |  |
| 14                                      | Will any of the following activities be undertaken: yard and underground trenching, excavating for equipment foundations, or installation or modification of fire lines, power lines, water lines or phone lines? |                     |    |                              |       |    | X   | X          |                       |  |
| 15                                      | Will there be any site clearance?   |                     |    |                              | X     |    |     | X          |                       |  |
| 16                                      | Will plant combustors (boilers, heaters, etc) including rental boilers, be added or modified?   |                     |    |                              | X     |    |     | X          |                       |  |
| 17                                      | Will on-site structural or high pressure welding be required?   |                     |    |                              | X     |    | X   |            |                       |  |
| 18                                      | Will confined spaces be added?  |                     |    |                              |       |    | X   |            |                       |  |
| 19                                      | Will there be changes to the "work area" (height, reach, position, repetition, force, etc.)?  |                     |    |                              |       |    |     |            | Planning Ergo         |  |
| Below to be filled by EMR or designate. |   |                     |    |                              |       |    |     |            |                       |  |
| 20                                      | Will any environmental aspects be added or changed? (Review EF-002A)  | Date Checked: _____ |    |                              | X     |    |     |            |                       |  |
| E<br>M<br>R                             | Comments: _____   |                     |    |                              |       |    |     |            |                       |  |
|   | _____   |                     |    |                              |       |    |     |            |                       |  |
|   | _____   |                     |    |                              |       |    |     |            |                       |  |
|   | _____   |                     |    |                              |       |    |     |            |                       |  |
|   | _____   |                     |    |                              |       |    |     |            |                       |  |

COMPLETED FOR ANY CHANGES THAT AFFECT ENVIRONMENT –  
NATURAL GAS, HYDRO USE, SPILLS, NEW CHEMICALS...

# THE GOLDEN RULE

THE BEST WAY TO REMEMBER WHAT TO DO WHEN  
MAKING A CHANGE IS TO:

*“DO UNTO OTHERS AS YOU WOULD HAVE  
THEM DO UNTO YOU”*

*RESPECT OTHER PEOPLE’S JOBS AND  
OPINIONS.....*

WOULD YOU LIKE IT IF SOMEONE MADE CHANGES  
TO YOUR JOB AND DIDN’T CONFER WITH YOU  
ABOUT IT FIRST?



# DOES IT IMPACT SAFETY?

*SOME CHANGES MAY IMPACT SAFETY AT SPS.....  
USE THE CHANGE MANAGEMENT CHECKLIST  
AND CONTACT THE FOLLOWING PEOPLE TO  
OBTAIN INFORMATION :*

***GENERAL INFO:*** SEE YOUR SV OR SL

***LEGISLATION INQUIRY:*** ASK YOUR FACILITATOR TO  
CONFER WITH YOUR MANAGER(EMAIL, ETC)

***PRESTART INFO:*** USE CHANGE MANAGEMENT  
CHECKLIST AND / OR CONSULT WITH YOUR  
PLANT JHSC REP.