



Document Change Request

(Use DCR in case you recommend change(s) in any of the controlled HSE Document.)

Document Number:	Document Name:
Revision:	Attached Document Reference:
Recommended Changes:	
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Originator Signature:	Signature:
Originator Name:	Approved By Concerned Departmental Head:
Date:	Date:
To be completed by the HSE Section / Department	
Recommendation Accepted?	Reason for change
Yes _____ Yes w/ modification _____ No _____	
Comments:	
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Signature of HSE Representative :	Date:

Approving Authority [Corporate →GM HSE; Location → Area Manager / PC/ OM/ FM / PM]

<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
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To be filled by HSE Section / Department

Document/Record Revision Number:	Document/Record Revision Date:
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