

MOC ref. no.:

Date Raised:

A MOC DETAILS (to be completed by requestor)				
1.	MOC title			
2.	Type of MOC			
3.	Category			
4.	Priority			
5.	Doc. affected	MOE	SMSM	CAME
		DOM	2nd level manual	Others
6.	Doc. reference			
7.	Requestor	i. Name		
		ii. Department		
		iii. Staff no.		
B DESCRIPTION AND SCOPE OF CHANGES				
1.	Description :			
2.	Justification for changes :			

8.	Name	Signature	Date
	Requestor:		
	Head of Department:		
9.	Comments by requestor Head of Department :		
10.	<i>Note: Complete section A & B and then email it along with supporting document to Quality Assurance Department and Safety Department</i>		
C	SAFETY MANAGEMENT SYSTEM SECTION		
1.	HIRARC		
		Reference No.:	
2.	Comments		
3.	Name	Signature	Date
D	ACCOUNTABLE MANAGER APPROVAL (to be completed by Accountable Manager)		
1.	Approval		
2.	Comments		
3.	Name	Signature	Date
4.	<i>Note: If approved, section E to be completed</i>		

E		QUALITY ASSURANCE DEPARTMENT SECTION	
1.	Date Received		
2.	Classification		
3.	Audit Needed		
4.	Audit performed by		
5.	Audit reference no.		
6.	Justification for classification		
7.	Comments / Remarks		
8.	DCAM / CAAM Approval Section		
	Date Submission	Not Applicable due to NOT significant	
	Approval ref. no.		
9.	Approval from Quality Assurance Manager		
	Name	Signature	Date
	-		
F		IMPLEMENTATION REVIEW	
1.	Status		
2.	Comments / Remarks		
3.	Date closed		
4.	Closed by		