


Engineering Asset Modification Request Form – M&E 088
Confidential

Rev:0	ENGINEERING ASSET MODIFICATION REQUEST FORM		 AIRPORTS COMPANY SOUTH AFRICA																	
Date:																				
Summary of Revisions:	Area:	IAM <input type="checkbox"/>	EAM <input type="checkbox"/>																	
	Form Number:	ECO001																		
Change Title:																				
Change Number:		Discipline:	Mechanical <input type="checkbox"/>	Building <input type="checkbox"/>	Electrical <input type="checkbox"/>	Civil <input type="checkbox"/>														
Change Category:	Major <input checked="" type="checkbox"/>	Minor <input type="checkbox"/>	Emergency <input type="checkbox"/>	Temporary <input type="checkbox"/>	Standard <input type="checkbox"/>															
Airport:	ORTIA: <input type="checkbox"/>	CIA: <input type="checkbox"/>	KSIA: <input type="checkbox"/>	Local Airport: <input type="checkbox"/> Specify:																
Description of the problem:	<i>Attach additional information</i>																			
Proposed Solution:	<i>Attach additional information</i>																			
Justification:	<i>Attach additional information</i>																			
Required Services:																				
<table border="0"> <tr> <td><input type="checkbox"/> Technical Service</td> <td><input type="checkbox"/> Procurement</td> <td><input type="checkbox"/> HAZOP study</td> </tr> <tr> <td><input type="checkbox"/> Safety Management</td> <td><input type="checkbox"/> Construction</td> <td><input type="checkbox"/> Feasibility study</td> </tr> <tr> <td><input type="checkbox"/> Design</td> <td><input type="checkbox"/> Control Systems</td> <td><input type="checkbox"/> Test/Experiment/change</td> </tr> <tr> <td><input type="checkbox"/> Drawing Office</td> <td><input type="checkbox"/> Third Party Inspection</td> <td><input type="checkbox"/> Project Management</td> </tr> <tr> <td><input type="checkbox"/> Consultancy</td> <td><input type="checkbox"/> Design verification</td> <td>(other)</td> </tr> </table>						<input type="checkbox"/> Technical Service	<input type="checkbox"/> Procurement	<input type="checkbox"/> HAZOP study	<input type="checkbox"/> Safety Management	<input type="checkbox"/> Construction	<input type="checkbox"/> Feasibility study	<input type="checkbox"/> Design	<input type="checkbox"/> Control Systems	<input type="checkbox"/> Test/Experiment/change	<input type="checkbox"/> Drawing Office	<input type="checkbox"/> Third Party Inspection	<input type="checkbox"/> Project Management	<input type="checkbox"/> Consultancy	<input type="checkbox"/> Design verification	(other)
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New or Revised Procedures:	*Required (Y/N)	Date Complete	Responsible Person	**Signature																
Normal operation																				

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Start-up/shutdown				
Emergency shutdown				
Emergency response				
Maintenance Procedures				
Functional alarm & trip tests				
Work Instructions				
Other (e.g., Administrative)				
New or Revised Documents:	Required (Y/N)	Date Request	Date Complete	Responsible Person
Process Flow Diagram (
Mechanical Flow Diagram				
General Layout Drawings				
Material Safety Data Sheets				
Instruments Loop Drawings				
Electrical Loop Drawings				
Equipment Data Sheets				
Code Data Books				
Engineering Drawings				
Functional alarms & trip register				
Maintenance Plans				
Maintenance Manuals				
Operating Manuals				
PMS				
Oracle eAM updated				
Spare part lists/Manual				
SCADA				

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Other				
Training Requirements:	Required (Y/N)	Date Requested	Responsible Person	Signature after completion
Operations				
Maintenance				
Mechanical				
Instruments				
Electrical				
Operating				
Contractor				
Other				
Recommendation for Approval:				
Asset Modification Requester	Name:	Signature	Date:	
Requester's Manager	Name:	Signature:	Date:	
Subject Matter Expert	Name:	Signature:	Date:	
Asset Owner	Name:	Signature:	Date:	
Approval:				
Approval: Minor Change only				
Local Engineering Change Order Committee Chairperson	Name:	Signature:	Date:	
Approval: Major Change only				
Asset Owner	Name:	Signature:	Date:	
Central Engineering Change Order Committee Chairperson	Name:	Signature:	Date:	

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