

## **Annexure 4: Change Control Process**

Change control process is a method of ensuring the relationship between ACSA and our service provider is documented to ensure transparency, clarity, and accountability. This process manages the omission, additions, and alteration of users, stakeholders and contents of the observation and perception templates.

The change is initiated by a system user through completing a change request form (see below) and forwarded to the system administrator (Platform service provider) and system coordinator (from ACSA) for processing. All changes are authorized by the system coordinator and affected by the system administrator.

Example of system change are listed below:

- Change in stakeholder details
  - This includes (Name change of the site, contact details, etc....)
- Additions and removal of sites
  - This refers to any environment added to the system or removed (e.g., outlets, business sites, airport, operations environment, stakeholders)
- Access or removal of users from the system
  - Done through the access form (see below), where anew user is added to the system
  - There are different types of access that can be requested, these include:
    - Access to conducting observations
    - Access to being added as report recipient
    - Access to the reporting dashboard
    - Access to the data capturing interface
- Changes to the observation template (e.g., addition or removal of questions, changing of template structure, spelling etc....)
- Changes to a completed observation (e.g., incorrectly captured information)

Confidential

# CHANGE REQUEST FORM



REQUESTOR SECTION				CHG. No.	OFFE
ACSA Business User or IT Department or 3 <sup>rd</sup> Party Vendor requiring a change to the Production environment to complete this section.				0000000	CHECK
FULL NAME:		CONTACT TEL. No. / CELL:			
EMAIL ADDRESS:		COMPANY:			
DATE CHANGE REQD:		PRIORITY OF CHANGE:		REL. No.	CHECK
FULL DESCRIPTION OF THE CHANGE REQUIRED:				0000000	
FULL DESCRIPTION OF THE BENEFITS OF THE CHANGE:					
IMPACT OF NOT DOING THE CHANGE:					
DATE & TIME CHANGE REQD. TO BE IMPLEMENTED:					

SYSTEM COORDINATOR SECTION				OFFICE
The REQUESTOR must obtain an APPROVAL from the SYSTEM OWNER to continue with the Change Request.				USE
FULL NAME:		CONTACT TEL. No. / CELL:		CHECK
EMAIL ADDRESS:		DEPARTMENT:		
AFFECTED AIRPORTS:		AFFECTED SYS / APPS / HW:		CHECK
SIGNATURE:		IF NO, REASON:		
COMMENTS:				

PROJECT MANAGER SECTION				OFFICE
The INITIATOR / PM must manage and coordinate the Change. This includes all communication, escalation, planning, testing, implementing etc.				USE
FULL NAME:		CONTACT TEL. No. / CELL:		CHECK
EMAIL ADDRESS:		DEPARTMENT:		
ESTIMATED COST:		COST CODE:		CHECK
CATEGORY OF CHG:		TYPE OF CHANGE:		CHECK
SIGNATURE:				
DESCRIBE TESTS TO REDUCE RISKS:				
WHAT AREA OF IT WILL BE AFFECTED:				



## Quality Management System Access Request Form

<p>To be Completed for all logical access in the ACSA environments.          Owners and Managers will approve and sign this document and then please email to:  <a href="mailto:Amanda.Mathebula@airports.co.za">Amanda.Mathebula@airports.co.za</a></p>					
New User	<input checked="" type="checkbox"/>	Existing User	<input type="checkbox"/>	Contractor	<input type="checkbox"/>
Name			Surname		
Employee Number			Job Title		
Contact Details					
Location			Cell Number		
Work Number			Department		
Email Address					
Detail of Access Required					
Required Access					
Duration					
Reason for Access					
Approval					
<p>I, the undersigned, hereby confirm that I have read and understood and shall comply with ACSA's          Information Security <a href="#">Policy</a>;          Acceptable Use <a href="#">Policy</a>;          Access Control and Third-Party Management <a href="#">Policy</a>;          Software Asset Management <a href="#">Policy</a>;          Service Management <a href="#">Policy</a>;          End User ICT Devices <a href="#">Policy</a>; and Information Security Standards and Procedures.</p>					
Requester	Name and Surname:				
		Date:	Signature:		
Authorising Line Manager	Name and Surname:				
		Date:	Signature:		
System Facilitator/ System Owner	Name and Surname:				
	Reference Number:	Date:	Signature:		