

## Overberg District Municipality

## Change Control Form

## General Information

**Change Control No:** \_\_\_\_\_ (For ICT Use)      **Date:** \_\_\_\_\_

**Helpdesk reference No:** \_\_\_\_\_

**Dept. Name** : \_\_\_\_\_      **Component:** \_\_\_\_\_

**Location** : \_\_\_\_\_

**Prepared by** : \_\_\_\_\_      **Extension:** \_\_\_\_\_

**E-mail Address** : \_\_\_\_\_

**Information System / Infrastructure Affected:** \_\_\_\_\_

## Request or Information

**Types of Change request:**     Infrastructure     Information System

**Classification:**     Emergency       Significant       Standard

**Proposed change description:**

**The impact of change not being made:**

**Alternatives:**

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Reason for Change?

Contingency plan

**Change impact on the infrastructure, users or business:**

- Major       Significant       Minor       Standard

\_\_\_\_\_  
*Information system owner*

\_\_\_\_\_  
*Date*

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## Change Control Form

### Planning Requirements

#### Environment:

*Tick on the relevant planning requirement. If YES is ticked, please provide the necessary documentation.*

	Not Applicable	YES	NO
Impact analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contingency plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testing completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Categorisation of non-urgent RFCs

Priority	Classification	Impact on business
1	Catastrophic (Major)	Global operations halted
2	Critical (Major)	Subset of business impacted
3	Important (Significant)	Individual impact
4	Normal (Standard)	Scheduled / Planned outage
5	Nice to have (Minor)	No impact on user

### Outcome of the review

**Review Date:** \_\_\_\_\_

**Outcome:**

- Approved**
- Reject**
- Request for more information**
- Defer Until:**

**Reason:**

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\_\_\_\_\_  
**Change Management Committee**

\_\_\_\_\_  
**Date**

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**Change Control Form  
IMPACT ANALYSIS**

**Change Control No:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Helpdesk reference No:** \_\_\_\_\_

**Impact Analysis**

**Impact on operations (Current Systems):**

**Configuration Items Affected:**

- .
- .
- .
- .

**Cost / Schedule Impact Analysis Required? Yes  No**

**Impact on Cost:**

**Impact on Schedule:**

**Impact on Resources:**

**Impact Analysis Results**

<b>Specific Requirements Definition:</b>		
<b>Additional Resource Requirements</b>	<b>Work Days</b>	<b>Cost</b>
<b>TOTAL</b>		

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**Dependencies**

The following dependencies will arise from the proposed change

No	Dependency	Comment
1		
2		
3		
4		

**Risk analysis**

The risks identified in relation to the change are:

No	Risk	Probability	Impact	Owner
1				
2				
3				
4				

**Contingency Plan**

**Details of Testing Completed**

\_\_\_\_\_  
**Change Management Committee**

\_\_\_\_\_  
**Date**