

 <div style="display: inline-block; vertical-align: middle;"> New Zealand DEFENCE FORCE <small>Te Kaitiaki o Aotearoa</small> </div>	<div style="color: green; font-weight: bold; font-size: 1.2em;">DEI C.H.E.S.S.</div> <div style="font-weight: bold; font-size: 1.5em;">Specification Amendment Request</div>	
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Date:	Document ID#:		Version #:
PVID#:	Contractor/Company Name:		Contractor ID:
Camp/Base:	Location:	Site:	

Instructions: Complete the request form below, then print, sign, and deliver it to the DEI RHSS.

Note: The granting of this amendment request is strictly limited to this specific project and period, and is not to be regarded as a precedent.

Status		Valid From Date:		Time		Valid To Date:		Time				
(a) Application Details:	<div style="display: flex; justify-content: space-between;"> <div> Revision? Yes No Site map available? Yes No </div> <div> Previous Doc. ID: - - - - - </div> </div>											
(b) Specification Details:	<div style="display: flex; justify-content: space-between;"> <div>CHESS Document:</div> <div>Section:</div> <div>Paragraph:</div> <div>Specification description: <i>(below)</i></div> </div>											
(c) Requested Amendment and Justification:												
(d) Amendment Period:	<div style="display: flex; justify-content: space-between;"> <div> Start Date: End Date: </div> <div> Start Time: End Time: </div> </div>											
(e) Risk Profile:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; vertical-align: top;"> Probability of an Incident Occurring <input type="checkbox"/> Almost Certain (1:10) <input type="checkbox"/> Likely (1:10+) <input type="checkbox"/> Possible (1:100+) <input type="checkbox"/> Unlikely (1:1,000+) <input type="checkbox"/> Rare (1:10,000+) </td> <td style="width: 40%; vertical-align: top;"> Possible Impact of an incident? <input type="checkbox"/> Extreme (Permanent/ loss of personnel) <input type="checkbox"/> Major (Hospitalisation/long term injury) <input type="checkbox"/> Moderate (medical attention offsite/short term lost time) <input type="checkbox"/> Minor (First Aid injury/no long term effect) </td> <td style="width: 20%; vertical-align: top;"> Calculated Risk: <i>(Impact * Probability)</i> <i>(see DEI Construction Hazard Risk Matrix)</i> </td> </tr> </table>									Probability of an Incident Occurring <input type="checkbox"/> Almost Certain (1:10) <input type="checkbox"/> Likely (1:10+) <input type="checkbox"/> Possible (1:100+) <input type="checkbox"/> Unlikely (1:1,000+) <input type="checkbox"/> Rare (1:10,000+)	Possible Impact of an incident? <input type="checkbox"/> Extreme (Permanent/ loss of personnel) <input type="checkbox"/> Major (Hospitalisation/long term injury) <input type="checkbox"/> Moderate (medical attention offsite/short term lost time) <input type="checkbox"/> Minor (First Aid injury/no long term effect)	Calculated Risk: <i>(Impact * Probability)</i> <i>(see DEI Construction Hazard Risk Matrix)</i>
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(f) Additional Mitigation Controls:												
(g) Remaining Risk	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; vertical-align: top;"> Resulting Probability of an Incident <input type="checkbox"/> Almost Certain (1:10) <input type="checkbox"/> Likely (1:10+) <input type="checkbox"/> Possible (1:100+) <input type="checkbox"/> Unlikely (1:1,000+) <input type="checkbox"/> Rare (1:10,000+) </td> <td style="width: 40%; vertical-align: top;"> Possible Impact of an Incident? <input type="checkbox"/> Extreme (Permanent/ loss of personnel) <input type="checkbox"/> Major (Hospitalisation/long term injury) <input type="checkbox"/> Moderate (medical attention offsite/short term lost time) <input type="checkbox"/> Minor (First Aid injury/no long term effect) </td> <td style="width: 20%; vertical-align: top;"> Calculated Risk: <i>(Impact * Probability)</i> <i>(see DEI Construction Hazard Risk Matrix)</i> </td> </tr> </table>									Resulting Probability of an Incident <input type="checkbox"/> Almost Certain (1:10) <input type="checkbox"/> Likely (1:10+) <input type="checkbox"/> Possible (1:100+) <input type="checkbox"/> Unlikely (1:1,000+) <input type="checkbox"/> Rare (1:10,000+)	Possible Impact of an Incident? <input type="checkbox"/> Extreme (Permanent/ loss of personnel) <input type="checkbox"/> Major (Hospitalisation/long term injury) <input type="checkbox"/> Moderate (medical attention offsite/short term lost time) <input type="checkbox"/> Minor (First Aid injury/no long term effect)	Calculated Risk: <i>(Impact * Probability)</i> <i>(see DEI Construction Hazard Risk Matrix)</i>
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Contractor:

(h) Requestor Details:	Name:	Phone/Mob:	Email:
	Signature:		
(i) Authorizer Details:	Name:	Phone/Mob:	Email:
	Signature:		

DEI:

(j) Approver Details:	Name:	Phone/Mob:	Email:
	Signature:		
	Reason:		
	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected		

DEI Construction Hazard Risk Matrix

