**Narrative**

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

Originator / Champion:

Representing Program Group:

Representing Legal Counsel:

Representing Risk Management:

Representing Health and Safety:

Detailed description of program to be evaluated:

This is a new \_\_\_\_ modified \_\_\_\_ recognized \_\_\_\_ activity.

Describe or list advantages of the program.

Describe or list disadvantages or problems associated with the program.

List the hazards associated with the program activities (complete PHA/OHA).

List the impact to resources (additional or change).

Identify publications or policies impacted.

Cost impact of proposed change (include council/district/unit costs):

Scheduled impact of proposed change:

Describe the proposed effective date of change (e.g., When would the change go into effect?):

Urgency of change:

Program risks: Approved: \_\_\_\_\_ Rejected: \_\_\_\_\_ Accepted with controls as follows: \_\_\_\_\_

Signatures/concurrence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_