

# HSEMD Attachment D – Change Management Form Policy Summary

HSEMD has implemented a new policy for all PSAPS to follow that effect the wireless network. The change management process is necessary to ensure that TCS, the network provider, and your vendor are all involved.

The change management process centralizes the approval for all wireless 9-1-1 network-related activities and ensures that all entities involved are notified of the changes.

It is the responsibility of the PSAP to submit a completed change management request form prior to the work being done based on the schedule below. **It is also the responsibility of the PSAP to notify their vendors of this change management policy.**

**PSAP Move**-PSAP moves to new location or PSAP is moving equipment to another room or another location – must submit change management form **80** business days prior to the move.

**PSAP Adds**-New PSAP equipment and software upgrades –**must submit change management form 30 business days prior to the installation of the equipment**, unless demarc or circuits need to be moved, then it is **80** days.

**Alt Routing Changes**-add or change to current configuration-**10** business days

**Speed Dial/Star Codes**-add or change to current configuration – **10** business days

Expedite Fees will be assessed to the PSAP for not submitting the request within the allotted time frame.

**By not following this policy, you may be putting your PSAP at risk, it is essential for the State and TCS to be part of the process when changes are being made at the PSAP that may affect the equipment we have installed that interfaces with your equipment.**

**IF THE PSAP OR YOUR EQUIPMENT VENDOR DAMAGES ANY OF THE EQUIPMENT OWNED BY THE STATE, THE PSAP WILL BE CHARGED FOR THE REPLACEMENT OF THE DAMAGED EQUIPMENT.**

## Instructions for Completing the Attachment D – Change Request Form

<b>REQUESTOR - GENERAL INFORMATION</b>			
<b>Requestor Name</b>	<i>Enter County, PSAP Name, Person Authorized to submit request.</i>		
<b>Brief Description of Request</b>	<i>Provide a description of request. Examples of a change are:</i> a. PSAP move b. New PSAP Equipment c. Alt Routing Changes d. Speed Dial/Star Code changes		
<b>Date Submitted</b>	<i>Enter date the request form is completed.</i>		
<b>Date Effective</b>	<b><i>Provide requested date for change to begin. This date must be coordinated with all companies involved before it will be deemed "FINAL"</i></b>		
<b>Change Priority</b>	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High <input type="checkbox"/> Mandatory
<b>Reason for Change</b>	<i>Provide brief description of the necessity for the change.</i>		
<b>Other Systems Impacted</b>	<i>Describe any other systems that will be affected by this change.</i>		
<b>Attachments or References</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>For additional attachments</i>

<b>INITIAL ANALYSIS</b>	
<b>Time Change Will Occur</b>	<i>Provide time work with begin and estimated length of time to complete the work.</i>

## Attachment D – HSEMD 9-1-1 Change Request Form

REQUESTOR - GENERAL INFORMATION				
Requestor Name				
Brief Description of Request				
Date Submitted				
Date Effective				
Change Priority	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> Mandatory
Reason for Change				
Other Systems Impacted				
Attachments or References	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

INITIAL ANALYSIS	
Time Change Will Occur	

Below For HSEMD Use Only:

HSEMD 9-1-1 - DECISION				
Change Request #				
Decision	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions	<input type="checkbox"/> Rejected	<input type="checkbox"/> More Info
Decision Date				
Decision Explanation				
Conditions				