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| **IMPACT STATEMENT** |
| Originator: | CR Number: |   |
| Date: | Contract Number: |  |
| Subcontractor: |
| CN Number: |  |  |
| References: |
| Description of Change Scope: |
| Attachments: |
| **ð** Drawings **ð** Specifications **ð** Impact Details **ð** Other  |
| DESCRIPTION OF CHANGE IMPACT: The following items represent the impact for this potential change, including all cumulative impacts on cost, schedule, and performance. |
| Cost Impact: | Schedule Impact: |
| Quality Impact: | HSE Impact: |
| Performance Conditions Impact: | Risk Impact: |
| Comments: |
| Received by and on behalf of FLINT Corp: | Issued for and on behalf of Subcontractor: |
| FLINT Corp. Representative: | Subcontractors’ Representative: |
| Title: | Title: |
| Date: | Date: |