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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: | |