PCN:	PROJECT NAME:	PAGE _____ OF _____
CHANGE NUMBER:	**CCB CHANGE EVALUATION**	DATE:

CHANGE TITLE:

1. IMPACT AREAS (Explain in Block 5):

☐ ASE ☐ GCEL ☐ Interfaces ☐ Documentation ☐ GSE ☐ Payloads
☐ Flight Operations ☐ Producibility ☐ Safety ☐ Quality ☐ Ground Operations ☐ Reliability
☐ Spares ☐ Software ☐ Maintainability ☐ Turnaround ☐ Test ☐ Facilities
☐ Performance ☐ Environment ☐ Other (Specify): _____

2. HARDWARE IMPACT:

	YES	NO
Existing hardware rework required?	☐	☐
Mod Kit required?	☐	☐

3. SPECIFIC IMPACTS: _____

☐ Weight ☐ Memory
☐ Thermal ☐ Power
☐ Schedule ☐ Cost per flight

4. COST IMPACT (Excluding cost per flight): _____

FY- _____ Cost: _____
FY- _____ Cost: _____
FY- _____ Cost: _____
FY- _____ Cost: _____
Remainder: _____
Total Cost: _____

5. DESCRIPTION OF ACTIONS REQUIRED BY EVALUATOR IF CHANGE IS APPROVED. Identify required contract and/or document (Specs, ICDs, DWGs, etc.) changes by number. (Use page 2 if necessary):

6. RECOMMENDATION (Use page 2 if necessary):

☐ Acceptable as written ☐ Unacceptable (State reasons below)
☐ Acceptable with changes (Describe changes below) ☐ Not applicable to this office

7. CCB MEMBERS

	Concur?			Concur?			Concur?	
Name	Yes	No	Name	Yes	No	Name	Yes	No

CCB CHAIRMAN: