**Replacement in Kind Form**

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| --- |
| Description of Replacement:Reason for Evaluation: ☐ Procurement   ☐ Installation ☐ Inventory Replacement |
| Work Order/Project #: | Equipment Asset Number: |
| Requester / Department / Phone #: |

**I. Evaluation** (Blank rows are for the additional comparison of characteristics specific to the RIK as needed)

|  |  |  |  |
| --- | --- | --- | --- |
| **Characteristic** | **Original Item** | **Replacement Item** | **Justify Y/N** |
| Supplier Name |  |  |  |
| Supplier’s Part # |  |  |  |
| Manufacturer Name |  |  |  |
| Manufacturer Model # |  |  |  |
| Safe Operating Range |  |  |  |
| Materials of Construction |  |  |  |
| Relief set points (if applicable) |  |  |  |
| Dimensions (size, weight, etc.) |  |  |  |
|  |  |  |  |
|  |  |  |  |
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**II. MOC Requirements**

(If you answer with a “yes,” an MOC may be required. Comments should be included to support the decision.)

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| --- | --- |
| Is there a change to the fit, form, or function of this item? | ☐ Yes ☐ No  |
| Does this item deviate from the company or industry standards or specifications? | ☐ Yes ☐ No  |
| Does installation of this item P&ID, PFD, or process control system drawing updates? | ☐ Yes ☐ No  |
| Is this a change to an item/part of a safety shutdown or fire system? | ☐ Yes ☐ No  |

**III. Conclusion** (Complete by approval authority.)

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| **Replacement is:**☐ Equivalent (MOC not required) ☐ Not Equivalent (MOC not required) ☐ Not Equivalent (MOC required) |
| Updates/additional requirements to be completed prior to start-up (check all that apply): |
| ☐ Documented safe operating limits | ☐ Regulatory permits | ☐ Design review | ☐ Data sheets |
| ☐ Drawings updated | ☐ Inspections | ☐ Training | ☐ Training |

**IV. Approvals** (Site engineer to ensure that all deliverables identified in Section III are submitted.)

|  |  |  |  |
| --- | --- | --- | --- |
| Evaluator/Engineer: | Signature: | Badge #: | Date: |
| Site Engineer: | Signature: | Badge #: | Date: |