

Structural Steel Fabrication Engineering Change Request (ECR) Form

ECR Number

Date

Requested By

Department

Contact

Project Name

Drawing Number / Reference

Description of Current Design / Fabrication

Proposed Change and Justification

Reason for Change

Impact Summary (Schedule, Cost, Quality, Safety, etc.)

Items/Parts Affected

Part/Item No.	Description	Qty	Current Spec	Proposed Spec

Prepared By

Date

Reviewed By

Date

Approved By

Date