

## **ANNEXURE 9: CHANGE CONTROL PROCESS.**

Change control process is a method of ensuring the relationship between ACSA and our service provider is documented to ensure transparency, clarity and accountability. This process manages the omission, additions and alteration of users, stakeholders and contents of the observation and perception templates. The change is initiated by a system user through completing a change request form (see below) and forwarded to the system administrator (Platform service provider) and system coordinator (from ACSA) for processing. All changes are authorised by the system coordinator and effected by the system administrator.

Example of system change are listed below:

- Change in stakeholder details
  - These includes (Name change of the site, contact details, etc...)
- Addition and removal of a site
  - This refers to any environment added to the system or remove (e.g. outlets, business site, airport, operation environment, stakeholder)
- Access or removal of user from the system
  - Done through an access form (see below), where a new user is added to the system.
  - There are different types of access that can be requested, these include:
    - Access to conducting observations
    - Access to being added as report recipient
    - Access to the reporting website
    - Access to data capturing interface
- Changes to the observation template (e.g. additions or removal of questions, changing of template structure and spelling, etc....)
- Changes to a completed observation (e.g. incorrectly captured information)

# CHANGE REQUEST FORM



Requestor section		CHG. No.	OFF
ACSA Business User or IT Department or 3 <sup>rd</sup> Party Vendor requiring a change to the Production environment to complete this section.			
FULL NAME:	CONTACT TEL. No. / CELL:	0000000	CHECK
EMAIL ADDRESS :	COMPANY:		
DATE CHANGE REQD:	PRIORITY OF CHANGE:	REL. No.	CHECK
FULL DESCRIPTION OF THE CHANGE REQUIRED :		0000000	
FULL DESCRIPTION OF THE BENEFITS OF THE CHANGE:			
IMPACT OF NOT DOING THE CHANGE:			
DATE & TIME CHANGE REQD. TO BE IMPLEMENTED:			

SYSTEM COORDINATOR SECTION		OFFICE
The REQUESTOR must obtain an APPROVAL from the SYSTEM OWNER to continue with the Change Request.		
FULL NAME :	CONTACT TEL. No. / CELL:	CHECK
EMAIL ADDRESS :	DEPARTMENT:	
AFFECTED AIRPORTS :	AFFECTED SYS / APPS / HW:	CHECK
SIGNATURE:	IF NO, REASON:	
COMMENTS :		

PROJECT MANAGER SECTION		OFFICE
The INITIATOR / PM must manage and coordinate the Change. This includes all communication, escalation, planning, testing, implementing etc.		
FULL NAME :	CONTACT TEL. No. / CELL :	CHECK
EMAIL ADDRESS :	DEPARTMENT :	
ESTIMATED COST :	COST CODE :	CHECK
CATEGORY OF CHG :	TYPE OF CHANGE :	CHECK
SIGNATURE:		
DESCRIBE TESTS TO REDUCE RISKS :		
WHAT AREA OF IT WILL BE AFFECTED :		

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 Bedfordview, Gauteng, South Africa, 2008  
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AIRPORTS COMPANY  
SOUTH AFRICA

Republic of South Africa, 1996 Reg No: 2003/0000003/08/12/05/2016  
 Board of Directors: G. M. Makhosini (Chairman), A. Thakur (Executive Chairman), J. M. Makhosi (Chief Executive Officer),  
 T. M. Makhosi (Chief Financial Officer), M. Makhosi (Chief Information Officer), M. Makhosi (Chief Legal Officer),  
 G. M. Makhosi (Chief Operations Officer), G. M. Makhosi (Chief Security Officer), G. M. Makhosi (Chief Human Resources Officer),  
 G. M. Makhosi (Chief Communications Officer), G. M. Makhosi (Chief Information Security Officer), G. M. Makhosi (Chief Information Technology Officer),  
 G. M. Makhosi (Chief Information Systems Officer), G. M. Makhosi (Chief Information Services Officer), G. M. Makhosi (Chief Information Security Officer), G. M. Makhosi (Chief Information Technology Officer), G. M. Makhosi (Chief Information Systems Officer), G. M. Makhosi (Chief Information Services Officer)

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## Quality Management Service - Access Request Form

To be Completed for all logical access requirements in the ACSA environments. Departmental Heads & Line Managers will approve and sign this document. Then please email to <a href="mailto:Tumelo.Nkwane@airports.co.za">Tumelo.Nkwane@airports.co.za</a>					
New User	<input checked="" type="checkbox"/>	Existing User	<input type="checkbox"/>	Contractor	<input type="checkbox"/>
Name and Surname					
Employee Number			Title		
Contact Details	Location			Cell Number	
	Work Number			Fax Number	
	E-mail address				
Current Position				Department	
Detail of Access Required	Required Access				
	Duration			Date Needed by	
	Reason for Access				
I, the undersigned, hereby confirm that I have read and understood and will comply with: ACSA Information Security Policy and all the Information Security Standards and Procedures.					
Signature:			Date:		

### APPROVAL:

Authorising Line Manager	Name and Surname:				
	Employee Number:	Date:		Signature:	
System Facilitator/ System Owner	Name and Surname: Tumelo Nkwane				
	Employee Number: 78322	Date: 05/04/2018		Signature:	