

# CHANGE REQUEST FORM

Change Request Form

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Planning, Directing, and Controlling Projects

PMGT-614

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## Project Change Request Form

BICYCLE

Kristin Dexter

**Name of Project:**

**Project Manager:**

**Change Request #:**

**Change Request Date:** 26-Jun-17

**Change Requested by Name:** Customer

**Current Project Phase:** Initiation

**Description of Change:** Customer requests the final product configuration be adjusted to add training wheels. The training wheels must have:

1. Supports made of steel that are capable of holding the bicycle upright for up to a 150 lbs rider. This weight requirement is to ensure that sharp turns of the bicycle will not exceed the ultimate failure load of the support structure for the intended rider.
2. Must be able to be removed by the customer with minimal tools.
3. The wheels should be able to withstand constant use for up to two years with minimal maintenance and without excessive wear.
4. Should attach to the bicycle minimizing interference with the riding ability, but provide sufficient support for the rider.

The requested change is estimated to add one hour to the schedule.

Original completion date: 22 June 2017

Revised completion date: 22 June 2017

**Scope Impact:** The scope will change with additional component procurements. Project schedule will change requiring additional changes to the project documents. The estimated change in the schedule is an additional hour to complete deliverable 1.4. Note that all tasks starting at 1.4 have been reorganized and renumbered.

**Cost Impact:** The cost of the project is estimated to increase by \$120.63. The cost of procuring the wheels and braces in an unassembled state cost \$117. The remaining cost increase is due to labor incurred for assembly.

**Quality Impact:** The quality level of the product will remain unchanged.

**Possible Risks:** The possibility of failing to meet the new time line.  
Costs will exceed the planned budget.  
Schedule delays due to integration problems.

**Reviewed by:** Kristin Dexter

**Position:** Project Manager

**Date:** 9-Sep-17

**Recommended Action:** APPROVE