

CUSTOMER EXPERIENCE CHANGE REQUEST (CR) TEMPLATE



Request for: ☐ Pre-production ☐ Live ☐ Information Only

SECTION 1 – CHANGE OVERVIEW			
Change Request Number			
Title			
Change Details			
Business Benefits			
Change Initiator Details	Name:	No:	
Peer Reviewed by	Name:	No:	
Reason for Change	<input type="checkbox"/> Project <input type="checkbox"/> Incident <input type="checkbox"/> Problem <input type="checkbox"/> SIP <input type="checkbox"/> Release <input type="checkbox"/> Other – provide details		
Associated Reference(s)			
Start Date/Time	Pre-production		
	Live		
End Date/Time	Pre-production		
	Live		
Date/Time when Success of the Change can be Confirmed	Pre-production		
	Live		
Change Type(s)	<input type="checkbox"/> Hardware		
	<input type="checkbox"/> Network		
	<input type="checkbox"/> Application/Software		
	<input type="checkbox"/> Other– provide details		
Change Sub-type(s)	<input type="checkbox"/> Install <input type="checkbox"/> Un-install <input type="checkbox"/> Release <input type="checkbox"/> Upgrade <input type="checkbox"/> Decommission <input type="checkbox"/> Break-fix <input type="checkbox"/> Relocate <input type="checkbox"/> Back-up <input type="checkbox"/> Maintenance		
Deployment Method	<input type="checkbox"/> Automated <input type="checkbox"/> Manual		
Urgency – Details (if not Low)	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High		
Release Management Engaged	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Release Name/Number			
Implication(s) of not implementing the change			
Dependency			

SECTION 2 – RISK DETAILS

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Complexity of Implementation	<input type="checkbox"/> Routine Task – implemented successfully multiple times <input type="checkbox"/> Simple – implemented previously <input type="checkbox"/> Simple – not implemented previously <input type="checkbox"/> Fairly Complex to Implement – but similar changes implemented previously <input type="checkbox"/> Extremely Complex – has not been implemented previously	
Have similar change(s) been previously implemented – add references	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Potential risk to live service during implementation – Details	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
Potential risk to End Users During Implementation – Details	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
Risk to Service Continuity – Details	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	

SECTION 3 – IMPACT DETAILS		
Service(s)	<input type="checkbox"/> Oyster Online	<input type="checkbox"/> Fares and Aggregation Engine (Oyster)
	<input type="checkbox"/> Oyster Professional User System (OPUS)	<input type="checkbox"/> Central System (CS)
	<input type="checkbox"/> Journey History Services	<input type="checkbox"/> FTP – CASC
	<input type="checkbox"/> Self Serve Refunds	<input type="checkbox"/> FTP – PARE
	<input type="checkbox"/> Octagone	<input type="checkbox"/> FTP - FAE
	<input type="checkbox"/> OCTA	<input type="checkbox"/> FTP – Master Data (Base Data)
	<input type="checkbox"/> Photocard Online	<input type="checkbox"/> Single Sign On (SSO)
	<input type="checkbox"/> InNovator	
Business Areas Impacted	<input type="checkbox"/> Analytics <input type="checkbox"/> Dataware House	<input type="checkbox"/> CCO (Contact Centre Operations)
	<input type="checkbox"/> Revenue Policy	<input type="checkbox"/> CE Service Desk
	<input type="checkbox"/> Marketing	<input type="checkbox"/> Cubic
	<input type="checkbox"/> TfL IM	<input type="checkbox"/> Novacraft
	<input type="checkbox"/> Journey Call	<input type="checkbox"/> Level 3
	<input type="checkbox"/> Rackspace	
Potential Impact to Live Environment - Details	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
Potential Impact to End Users - Details	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
Downtime Required – Downtime Details	<input type="checkbox"/> Yes – impacts end users <input type="checkbox"/> No – no impact to end users	From: To:
Describe Nature of impact		

SECTION 4 – CONFIGURATION AND DOCUMENTATION DETAILS

Configurable Items (CIs) – Changed	Current					
	Resultant					
Configurable Items (CIs) Associated/Impacted						
Documentation – If the document(s) are restricted, please indicate						
Document Type	Name of Document	CI Reference	Document Version		Status	Comments
			Current	updated		
Data Centre Design (DCD)						
High Level Design (HLD)						
Low Level Design (LLD)						
Build Instruction (BI)						
Test Plan/Test Exit Report						
Implementation Plan						
Deployment Guide						
Communication Plan						
Other						

SECTION 5 – IMPLEMENTATION AND BACK-OUT STEPS

Implementation Steps

No	Task	CI	Start Date/Time	End Date/Time	Resource Assigned
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		Pre-production	Live	Pre-production	Live	Pre-production	Live	Pre-production	Live
1									
2									
3									
4									
5									

Total Duration for implementation in live	
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Back-Out Steps									
No	Task	CI		Start Date/Time		End Date/Time		Resource Assigned	
		Pre-production	Live	Pre-production	Live	Pre-production	Live	Pre-production	Live

1									
2									
3									
4									
5									

Do the steps result in complete back-out of the change	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Applicable
If No or Not Applicable, please provide reason(s)	
Is there a point in time when this back-out will no longer be valid (e.g. once users log on and perform certain tasks)	<input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, please provide details	

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Total Duration for Back-out	
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SECTION 6 – TESTING

Pre-implementation testing	
Has change been fully tested and signed off in an approved test environment	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Partially Tested
If no or partial testing was done, please provide reason(s)	<input type="checkbox"/> Out of scope for current configuration of the test environment <input type="checkbox"/> Test Environment can only be partially configured <input type="checkbox"/> Issue cannot be re-created in test environment <input type="checkbox"/> Other – please provide details
Has the back-out been tested	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Applicable
Has the testing been signed of by Test Management	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Applicable
Are any defects being transferred to live as part of this change	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Applicable
If Yes, provide details of defects and who signed off the transfer to live	
Has any defects been transferred to Knowledge Management	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Applicable
Post Deployment Testing	
Type of post implementation testing to be done	<input type="checkbox"/> Regression <input type="checkbox"/> UAT <input type="checkbox"/> Live Proving <input type="checkbox"/> Other – <i>please specify</i>
Organisation engaged to carry out testing	<input type="checkbox"/> CE – Test Management <input type="checkbox"/> CE – DevOps <input type="checkbox"/> CE – Business (CCO, Marketing, Analytics, Revenue Policy) <input type="checkbox"/> CE – Service Desk <input type="checkbox"/> TfL – IM <input type="checkbox"/> Cubic <input type="checkbox"/> Rackspace <input type="checkbox"/> Novacraft <input type="checkbox"/> Level 3 <input type="checkbox"/> Other – <i>please specify</i>
Has the post implementation test requirement(s) been shared	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Applicable
If above is No or Not Applicable, please provide reason(s)	
If business is not carrying out live proving, please provide reason(s)	

Verification Steps					
No	Test Script	Expected Result(s)	Name of Resource	Organisation	Duration
1					

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2					
3					
4					
5					

Total Duration for Post Implementation Testing	
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SECTION 7 – ADDITIONAL REQUIREMENTS		
Ensure the following requirements have been accounted for as part of this change:		
Are all resources confirmed (including testing)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	<i>provide details</i>
Has all necessary end-user communication taken place	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	<i>provide details</i>
Has an implementation walk-through taken place with implementation resources	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	<i>provide details</i>
Are there any security implications as a result of this change (PCI-DSS)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	
Does this change need to be replicated in a DR environment	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	<i>provide details</i>
Does this change impact Service Continuity/Availability	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	<i>provide details</i>
Does this change impact current SLA	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	<i>provide details</i>
Will this change CCO/Customer Systems and therefore require additional training for CCO	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	<i>provide details</i>
Will this change the way CCO Agents interact with Customers and therefore require training for CCO Agents	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	<i>provide details</i>
Will this change reporting information used/consumed by CCO Agents	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	<i>provide details</i>
Has the necessary support agreement put in-place	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	<i>provide details</i>
Has escalation points and contacts agreed	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable	<i>provide details</i>
Who will manage the overall implementation (including checkpoint updates and escalation)		

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SECTION 8 – CLASSIFICATION (To be completed by Change Management)

Change Category	<input type="checkbox"/> Standard <input type="checkbox"/> Minor <input type="checkbox"/> Significant <input type="checkbox"/> Emergency
Priority	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Urgency	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Emergency
OOH: (after 18:00 hrs to 08:00 hrs or weekends)	<input type="checkbox"/> Yes <input type="checkbox"/> No