**METHOD OF PROCEDURE**

|  |  |
| --- | --- |
| MOP No. | 1 |

**JOB INFORMATION:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CLLI |  | | City |  | | | | | State |  |
|  | |  | | | |  |  | | | |
| Installation Supplier | |  | | |  | | |  | | |

**MOP AUTHOR:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Contact |  | | Telephone | |  | |
|  | |  | |  | |  |

**GENERAL JOB DESCRIPTION:**

|  |
| --- |
|  |
| **DETAILED MOP SCHEDULE:**  Shift/ Work Hours  Start Date: TBD End Date: TBD From: TBD To: TBD |

**Detailed list of equipment to be Added (A) / Removed (R) / Modified (M):**

**Where Volatile Work Activity is to be performed**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Equipment** | **Location** | **Area Served** | **Preparation** | **Cat.** | **Notes** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**List of all Handbooks, Technical Documents, Bulletins, Flashes, Warnings related to work operations under this MOP:**

|  |  |  |  |
| --- | --- | --- | --- |
| Title | **Issue** | **Title** | **Issue** |
| National Electrical Code Handbook | 2014 |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

###### METHOD OF PROCEDURE

|  |  |
| --- | --- |
| MOP No. | 1 |

# ASK YOURSELF QUESTIONS

**BEFORE ANY CRITICAL WORK IS PERFORMED, ALL PERSONS INVOLVED IN THE WORK OPERATION (S) COVERED BY THIS MOP MUST COMPLETE THE FOLLOWING ASK YOURSELF QUESTIONS, CHECK EACH BOX AND SIGN OFF AT THE BOTTOM.**

## Check Box

**Yes No**

1. DO I HAVE THE PROPER ID AND APPROPRIATE BUILDING ACCESS

PERMISSIONS TO THE ENVIRONMENT I AM ABOUT TO ENTER?

* Ensure you have worked with the local operations supervisor and corporate real estate supervisor to obtain the proper IDs required.
* Be sure to carry and display the appropriate company IDs at all times.

2. DO I KNOW WHY I AM DOING THIS WORK?

* Ensure the reason is more than just a directive.
* Understand the impact the work has on our network reliability and the customers we support.
* Understand the proper sequence in which the work is to be performed.

3. HAVE I IDENTIFIED AND NOTIFIED EVERYBODY- IMPACTED CUSTOMERS

AND INTERNAL GROUPS-WHO WILL BE DIRECTLY AFFECTED BY THIS WORK?

* Notify all organizations that may be impacted.
* Identify other organizations that might be impacted by this work

4. CAN I PREVENT OR CONTROL SERVICE INTERRUPTION?

* Ensure all appropriate elements/processes are monitored during the work activity.
* Possess a clearly understood back-out/recovery plan.
* Survey the work area and make sure all appropriate safety precautions have been taken.

#### METHOD OF PROCEDURE

|  |  |
| --- | --- |
| MOP No. |  |

5. IS THIS THE RIGHT TIME TO DO THE WORK?

* Anticipate customer impact of possible network failure. Is the time right for the customer?
* Ensure scheduled work meets maintenance window requirements.
* Ensure technical support resources are available.

6. AM I TRAINED AND QUALIFIED TO DO THIS WORK?

* Feel comfortable that the training you have received or your prior experience will support the work you will be doing.
* Perform a procedural review of the technical documentation to assure a solid understanding of the work to be performed.

7. ARE THE WORK ORDERS, MOPS, AND SUPPORTING DOCUMENTATION

CURRENT AND ERROR FREE?

* Verify you have the most recent document (e.g. vendor documentation, methods and procedures).
* Read through the documentation at least once, verifying the contents, prior to beginning the work.
* Verify that the procedure has been certified in the appropriate environment.

8. DO I HAVE EVERTHING I NEED TO QUICKLY AND SAFELY RESTORE

SERIVCE IF SOMETHING GOES WRONG?

* Know who to contact in the event something goes wrong.
* Have the tools available on the job site that may be required to restore service.

9. HAVE I WALKED THROUGH THE PROCEDURE?

* Complete a walk through at the start of each shift for which work is to be performed and whenever personnel changes occur.
* Understand the procedures and your responsibilities.
* Ensure the procedure to be performed makes sense (sequence of steps, completeness, testing, safety, etc.).

10. HAVE I MADE SURE THE PROCEDURE CONTAINS PROPER CLOSURE

INCLUDING OBTAINING CLEARANCE AND RELEASE FROM THE

APPROPRIATE WORK CENTER?

* Make sure you follow the correct procedure and use the proper tools to close the work.
* Validate that the clearance is made or the release for the appropriate work center is done so there is no system or job impact upon closure.

#### METHOD OF PROCEDURE

|  |  |
| --- | --- |
| MOP No. | 1 |

**THE DETAILED STEPS OF THE WORK OPERATION SHALL BE LISTED AND COMPLETED SEQUENTIALLY:**

# DETAILED STEPS

RESPONSIBILITY STEPS COMPLETED

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Step No.** |  |  |  | Description of Volatile Work Activities | **Date** | **Duration / Time** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |
| 22 |  |  |  |  |  |  |
| 23 |  |  |  |  |  |  |
| 24 |  |  |  |  |  |  |
| 25 |  |  |  |  |  |  |
| 26 |  |  |  |  |  |  |
| 27 |  |  |  |  |  |  |
| 28 |  |  |  |  |  |  |
| 29 |  |  |  |  |  |  |
| 30 |  |  |  |  |  |  |
| 31 |  |  |  |  |  |  |

INITIALS

**Use additional pages if required to list detailed steps. MOP should also include relevant attachments.**

**Are there attachments to this MOP: Yes**  **No**

#### METHOD OF PROCEDURE

|  |  |
| --- | --- |
| MOP No. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| \* Rep. Signature: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| \*Installation Supplier Signature: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| \*Installation Supplier Signature: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| \*Installation Supplier Signature: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| \*Installation Supplier Signature: |  | Date: |  |