

Standard **METHOD OF PROCEDURE**

Form CBT MOP-1

Page 1 of 3

MOP Number: _____

MOP Date: _____

JOB Contract: _____

Start Date: _____

Completion Date: _____

JOB Code: _____

Job Estimate _____

Job Location: _____

MOP Prepared By _____

Date _____

Method of Procedure

Job Description, Time-Line

Identification of the Personnel doing the work and their work hours

1. _____ / _____
2. _____ / _____
3. _____ / _____
4. _____ / _____
5. _____ / _____

Delivery, Hoisting, Hauling, Staging and Housekeeping Requirements

Safety Precautions for Personnel, Equipment, Tools, and Hazardous Materials

Identification of Equipment Being Worked On, Critical Circuits, Alarm Responsibility, Fusing, and Spares Location

Emergency Restoration Plan

Mandatory Signatures

The job has been reviewed and agreement has been reached on the methods and procedures to be followed to complete the work items covered by this MOP. After this MOP is approved all changes should be added to the original MOP and reviewed and approved by the undersigned.

Approved by Contractor

Name (Print) _____ Title _____
Signature _____ Date _____
Company _____ Pager No. _____ Work No. _____

Other Approval (Contractor/CBT)

Name (Print) _____ Title _____
Signature _____ Date _____
Company _____ Pager No. _____ Work No. _____

Name (Print) _____ Title _____
Signature _____ Date _____
Company _____ Pager No. _____ Work No. _____

Name (Print) _____ Title _____
Signature _____ Date _____
Company _____ Pager No. _____ Work No. _____

Name (Print) _____ Title _____
Signature _____ Date _____
Company _____ Pager No. _____ Work No. _____
