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

_____
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) _____
Signature_______________________________ Date _____
Company _____ Pager No. _____ Work No. _____

Other Approval (Contractor/CBT)

Name (Print) _____
Signature_______________________________ Date _____
Company _____ Pager No. _____ Work No. _____

Name (Print) _____
Signature_______________________________ Date _____
Company _____ Pager No. _____ Work No. _____

Name (Print) _____
Signature_______________________________ Date _____
Company _____ Pager No. _____ Work No. _____

Name (Print) _____
Signature_______________________________ Date _____
Company _____ Pager No. _____ Work No. _____