



MOP (Method of Procedure)

Date & Time of Scheduled work: _____ Time: _____ a.m. p.m.

Site Address in case of Emergency: _____

Job Number: _____ Lead Electrician: _____

Facility: _____

Facility Contact: _____

Location of Work: _____

Description of Work:

LOTO Yes No

If yes, include LOTO form.

Voltage: _____

Ampacity: _____

Arc Flash Category/Boundary: _____

Qualified NFPA 70 E Certified Person: _____

Ground Cluster: Yes No

Premises Generator: Yes No

Rotation: Yes No

Premises UPS: Yes No

Project Duration: _____

NEI Personnel:

Tools Needed:

Sequence of Events: (Provide as much detail as possible)