



## 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)