### **METHOD OF PROCEDURE (MOP)**

*(Refer to Section 7 of IP72202 for Instructions.)*

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| --- | --- | --- |
|  [ ]  General | [ ]  Detailed | [ ]  Revised / Changes |

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| **Brief Job Description:**       |
| **Date:**       | **MOP #:**       | **TEO / WO #:**       |
| **Central Office & Physical Address :**       | **City, State, Zip:**     **Floor where work is to be performed:**      | **Plant / Remote Code:**  |
| **CLLI Code:**      |
| **MOP Preparer & Phone Number:**      | **MOP Preparer Title:**      |  |
| Installation Supplier Order / LOA #:       | **Is this an FCC Reportable Office**\* [ ] Yes [ ]  No | **COEI Supervisor/VM:**      |
| Installation Supplier:  |
| [ ]  FTR | [ ]  **Vendor Name:**       | [ ]  **Subcontractor Name (if applicable):**       |

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| Installation Start Date | Advance Complete Date | In Service Date | Scheduled complete**(MOP Expiration Date):** |
|       |       |       |       |
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| Assignments verified by:       | **Date:**       |
| Changes required? | [ ]  **Yes** | [ ]  **No**  | **If Yes corrections by:**       | **Date:**       |

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| **STEP#** | **C****R****I****T****I****C**A**L****(Y/N)** | **R P****E A****S R****P T****O Y\***N**S****I****B****L****E** | List below the installation activity, equipment involved, and steps in numerical order required to complete the job(General MOP description can be listed as step 1) | **W****O****R****K****S****H****I****F****T****(e.g. 7a.m. – 4 p.m.)** | **C****O****M****P****L****D****A**TE | **I****N****I****T****I****A****L**S |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
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| **TEO/WO #:**  |       |
|       |       |       |       |       |       |       |
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\*Responsible Party

|  |  |  |
| --- | --- | --- |
| I = Installer | OP = Network Operations | OSP = Outside Plant |
| RE = Real Estate | O\*\* = Other (Indicate here      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

|  |  |  |
| --- | --- | --- |
| **Cable Hole and Location** | **Date/Time Opened** | **Date/Time Closed** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

NOTE: Cable hole(s), sleeves, fiber ducts, conduits, etc. opened during a work shift shall be closed (according to the fire-stopping requirements found in section 12 of IP and/or Manufacturer’s Fire-stopping documentation).

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| **TEO/WO #:**  |       |
| **NOC/NCC**     **(\*NOC telephone # required, see bulletin 02-051)** | Security Command Center(To Report Battery Spills & Containment)**1-800-590-6605** |
| **Emergency Contacts****(Print Name)** | Work # | Home # | Cell # | Pager # |
| **Installation Supplier Supervisor**:       |       |       |       |       |
| **COEI Supervisor:**       |       |       |       |       |
| **VM (if applicable):**      |       |       |       |       |
| COEI Manager:      |       |       |       |       |
| COEI Director:      |       |       |       |       |
| **Frontier Engineer (if applicable):**      |       |       |       |       |
| **Network Ops Supervisor**:      |       |       |       |       |
| **Other:**      |       |       |       |       |
| **Other:**      |       |       |       |       |
| **All TEO/WO documentation shall be turned over to**      **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** **All Test Record forms shall be turned over to**      **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.****All Material Disposition forms shall be to turned over to**      **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.****The undersigned authorize and approve the requirements stipulated in this MOP as required:** |
| **Network Operations:** |
| Name |       | Title |       | Date |       |
| **COEI Supervisor:** |
| Name |       | Title |       | Date |       |
| Frontier Engineer (if applicable): |
| Name |       | Title |       | Date |       |
| Vendor Installation Supervisor: |
| Name |       | Title |       | Date |       |
| **VM (if applicable):** |
| Name |       | Title |       | Date |       |
| **Power Specialist:** |
| Name |       | Title |       | Date |       |
| **Other:** |
| Name |       | Title |       | Date |       |

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