### **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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| **S T E P #** | **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

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

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