**Method of Procedure**

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| --- | --- | --- |
| **Date:** | **Location:** | **MOP #:** |
| **Start Time/ Stop Time:** | **Risk Level 1-10:**  | **MOP Completed by** |

**Description of Work:**

**Contractors:**

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| --- | --- | --- |
| **Contact** | **Signature** | **Phone** |
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**Affected Systems**

Provide a description of the equipment and systems that will be affected by the work described. Attached panel/equipment schedules and sketches as needed to adequately describe the area and equipment affected. Use the back of this sheet or additional sheets as necessary.

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| **Equipment** | **Area/System Affected** |
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**Contingency Plan**

Provide a description of the steps that would be taken to back out of the process and put the systems in a safe place. Use the back of this sheet or additional sheets as necessary.

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| **No.** | **Activity** | **Description** | **Comments/****Initials** |
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**Participant Sign-in Sheet**

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| --- | --- | --- | --- | --- |
| **Name** | **Company** | **Phone #** | **Time In** | **Time Out** |
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**Pre-Shutdown Work**

**Task*:***

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| **A: Steps for Work** | **B: Trade** | **C: Hazards (Actual or Potential)** | **D: Steps Taken to Address Hazards** |
| **General Hazards:**  |
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| --- | --- | --- | --- |
| **A: Steps for Work** | **B: Trade** | **C: Hazards (Actual or Potential)** | **D: Steps Taken to Address Hazards** |
| **General Hazards:**  |
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