



MOP (Method of Procedure)

NEI Electric - EC, NEI Electric – SCF, NEI Electric – HUD, NEI Electric - SP

Date & Time of Scheduled Work _____ Time _____ am, pm

Site Address in case of Emergency: _____

Job Number: _____ Lead Electrician: _____

FACILITY: _____

FACILITY CONTACT: _____

LOCATION OF WORK: _____

DISCRIPTION OF WORK: _____

PROJECT DURATION: _____

NEI PERSONNEL: _____

TOOLS NEEDED: _____

SEQUENCE OF EVENTS: (Provide as much detail as possible) _____
