**METHOD OF PROCEDURE**

MOP No.\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**JOB INFORMATION:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CLLI |  | | | City |  | | | State |  |
| TEO No. | |  | | | | |
| Installation Supplier | | |  | | |

**MOP AUTHOR:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Skill Level |  | | Telephone | |  | |
|  | |  | |  | |  |

**GENERAL MOP DESCRIPTION:**

|  |
| --- |
|  |
| **DETAILED MOP SCHEDULE:**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Start Date |  | End Date |  | Shift/Work Hours | From | To |  |   **AFFECTED COLLOCATORS NOTIFIED:**   |  |  |  |  | | --- | --- | --- | --- | | Yes |  | N/A |  | |

**Detailed list of equipment to be Added (A) / Removed (R) / Modified (M):**

**Where Volatile Work Activity is to be performed**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Equipment Description** | **RR/Bay/PBD** | **Shelf/Panel** | **Fuse Pos.** | Load A, B, C | **A/R/M** |
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**List of all Handbooks, Technical Documents, Bulletins, Flashes, and Warnings related to work operations under this MOP:**

|  |  |  |  |
| --- | --- | --- | --- |
| Title | **Issue** | **Title** | **Issue** |
|  |  |  |  |
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If a service interruption occurs, the Installation Supplier shall:

1. Cease all work operations immediately.

2. Local **\***NES and/or NRC personnel shall be notified of outage details immediately.

3. No fuses or breakers shall be replaced or restored without the direction of the AT&T.

4. Provide a written report to AT&T as directed.

**\*** Network Equipment Space

### List sequence for notification of service interruption or degradation

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name/Center **(Network Reliability Center) (Required)** | Phone | Pager |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Network Reliability Center (NRC):** | | | |  |
|  |  |  |  |  |
|  | **Primary** | | **1-866-596-0129** |  |
|  |  |  |  |  |
|  | **Transport IOF** | |  |  |
|  | SE | | 1-888-950-2225 | Brentwood, TN |
|  | MW | | 1-800-382-8282 | Chicago, IL |
|  | SW | | 1-800-354-0444 | Kansas City, MO |
|  | W | | 1-800-662-0266 | Sacramento, CA |
|  | **Transport Access** | |  |  |
|  | SE | | 1-877-363-2490 Opt 5 | Charlotte, NC |
|  | MW | | 1-877-363-2490 Opt 3 | Chicago, IL |
|  | SW | | 1-877-363-2490 Opt 4 | Irving, TX |
|  | UVerse | | 1-877-363-2490 Opt 1 | Irving, TX |
|  | CODSLAM | | 1-877-363-2490 Opt 2 | Irving, TX |
|  | **Mobility** | |  |  |
|  | Mobility NRC (MNRC) | | 1-800-638-2822 | Atlanta, GA |

### Installation Supplier Personnel working under this MOP

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Skill Level | Emergency No. | Name | Skill Level | Emergency No. |
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The Installation Supplier shall not deviate from the approved MOP unless authorized by the AT&T Representative. The approved MOP shall be filed in the job folder. Copies can be made for further distribution if requested. Asterisk (\*) denotes mandatory signatures on all MOP’s, (\*\*) denotes mandatory signatures on all Critical Power MOP’s. The Installation Supplier shall determine from the AT&T Representative whether additional signatures are required.

All work shall be completed in accordance with all AT&T requirements.

### MOP APPROVAL

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title | Print Name | Phone/Pager No. | Signature | Date |
| \*AT&T Rep. |  |  |  |  |
| \*Installation  Supplier |  |  |  |  |
| \*\*AT&T Equipment Eng |  |  |  |  |
| \*\*AT&T Power Rep. |  |  |  |  |
| AT&T Maint. Eng. |  |  |  |  |
| Other as Required |  |  |  |  |

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When AT&T requires this page, it shall be completed and included with the previous required pages of the MOP.

## DRY RUN – Required Yes No

A Step-by-Step “Dry Run” of the Volatile Work Activities listed in the “Detailed Steps” portion of this MOP has been performed by the following representative(s):

**The Installation Supplier’s personnel who will be performing the work activities:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date: |  |
|  |  |  |  |
| Name: |  | Date: |  |
|  |  |  |  |
| Name: |  | Date: |  |
|  |  |  |  |
| Name: |  | Date: |  |

**AT&T Representative and Installation Supplier responsible for the equipment/system being worked on:**

|  |  |  |  |
| --- | --- | --- | --- |
| \*AT&T Rep.  Signature: |  | Date: |  |
|  |  |  |  |
| \*Installation Supplier Signature: |  | Date: |  |

**Yes**

**No**

**NA**

**(If there were changes as a result of the “Dry Run” were they incorporated into a revised, signed, and approved MOP?)**

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# ASK YOURSELF QUESTIONS

BEFORE ANY CRITICAL WORK IS PERFORMED, ALL PERSONS INVOLVED IN THE WORK OPERATION (S) COVERED BY THIS MOP SHALL COMPLETE THE ASK YOURSELF QUESTIONS.

**AFFRIM YOU HAVE COMPLETED THE ASK YOURSELF QUESTIONS BY CHECKING THE**

**BOXES BELOW AND SIGN OFF AT THE BOTTOM.**

## Check Box

**Yes No**

1. DO I HAVE THE PROPER AND THE APPROPRIATE BUILDING ACCESS

PERMISSIONS TO THE ENVIRONMENT I AM ABOUT TO ENTER?

* Ensure you have worked with the local operations supervisor and corporate real estate supervisor to obtain the proper IDs required.
* Be sure to carry and display the appropriate company IDs at all times.

2. DO I KNOW WHY I AM DOING THIS WORK?

* + - Ensure the reason is more than just a directive.
    - Understand the impact the work has on our network reliability and the customers we support.
    - Understand the proper sequence in which the work is to be performed.

3. HAVE I IDENTIFIED AND NOTIFIED EVERYBODY - IMPACTED CUSTOMERS AND INTERNAL GROUPS - WHO WILL BE DIRECTLY AFFECTED BY THIS WORK?

* Notify all organizations that may be impacted, such as Network Operations, Tier support, Technical Support Group (TSG), GNOC.
* Identify other organizations that might be impacted by this work (e.g. Customer

Facing Operations, Provisioning, Product Management)

4. CAN I PREVENT OR CONTROL SERVICE INTERRUPTIONS?

* Ensure all appropriate elements/processes are monitored during the work activity.
* Possess a clearly understood back-out/recovery plan.
* Survey the work area and make sure all appropriate safety precautions have been taken.
* SMOP will not be approved without an acceptable back-out plan

5. IS THIS THE RIGHT TIME TO DO THE WORK?

* + Anticipate customer impact of possible network failure. Is the time right for the customer (i.e. if the customer is SONY and they have a big new game release tomorrow, working on their service tonight may not be the best plan)?
  + Provide for improved communication of Change Management/Network Events (i.e. is there a hurricane coming up the east coast – if so, it is probably best to delay planned maintenance until after the storm clears).
  + Ensure scheduled work meets AY handbook/other maintenance window requirements.
  + Ensure technical support resources are available.

6. AM I TRAINED AND QUALIFIED TO DO THIS WORK?

* Feel comfortable that the training you have received or your prior experience will support the work you will be doing.
* Perform a procedural review of the technical documentation to assure a solid understanding of the work to be performed.

7. ARE THE WORK ORDERS, MOPS AND SUPPORTING DOCUMENTATION CURRENT AND ERROR FREE?

* Verify you have the most recent document (e.g. vendor documentation, methods and procedures).
* Read through the documentation at least once, verifying the contents, prior to beginning the work.
* Verify that the procedure has been certified in the appropriate environment.

8. DO I HAVE EVERYTHING I NEED TO QUICKLY AND SAFELY RESTORE SERVICE IF SOMETHING GOES WRONG?

* Know who to contact in the event something goes wrong.
* Have the tools available on the job site that may be required to restore service.
* Verify the availability and locations of spare fuses, back-up power and circuit packs, back-up disk or tape.
* Review the SMOP, each step required is listed and will provide a good idea of the proper tools needed.

9. HAVE I WALKED THROUGH THE PROCEDURE?

* Complete a walk through at the start of each shift for which work is to be performed and whenever personnel changes occur.
* Understand the procedures and your responsibilities/
* Ensure the procedure to be performed makes sense (sequence of steps, completeness, testing, safety, etc.).

10. HAVE I MADE SURE THE PROCEDURE CONTAINS PROPER CLOSURE INCLUDING OBTAINING CLEARANCE AND RELEASE FROM THE APPROPRIATE NETWORK CENTER?

* Make sure you follow the correct procedure and use the proper tools to close the work.
* Validate that the clearance is made or the release for the appropriate work center is done so there is no system or job impact upon closure.

11. HAVE QUALIFIED PERSONNEL FAMILIAR WITH THE REQUIREMENTS OF THE “E911”

OPERATIONAL AND MAINTENANCE TESTING” DOCUMENT (ATT-002-290-161) REVIEWED THE WORK TO DETERMING POTENTIAL E911 IMPACTS AND REQUIREMENTS??

12. DOES THIS WORK HAVE A DIRECT IMPACT ON MOBILITY E911?

* Note: Turning down a cell site or restarting an RNC is not a direct impact to Mobility E911.

13. IS E911 TESTING REQUIRED? (IF YES, TEST PLAN MUST BE INCLUDED IN THE AOTS-CM

CHANGE REQUEST)?

* If yes, test plan must be included in the AOTS-CM Change Request.

|  |  |  |  |
| --- | --- | --- | --- |
| \*AT&T Rep. Signature: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| \*Installation Supplier Signature: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| \*Installation Supplier Signature: |  | Date: |  |

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| --- | --- | --- | --- |
| \*Installation Supplier Signature: |  | Date: |  |

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| --- | --- | --- | --- |
| \*Installation Supplier Signature: |  | Date: |  |

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**THE DETAILED STEPS OF THE WORK OPERATION SHALL BE LISTED AND COMPLETED SEQUENTIALLY:**

**For all removals, all AT&T TP requirements including the following shall be adhered to:**

1. **The Installation Supplier shall verify, via detailed steps in the removal MOP that the AT&T Representative has made the equipment busy and removed all associated fuses, patch cords, cross-connections, etc. before any removal is started.**
2. **The Installation Supplier shall verify (with a clamp-on ammeter) the absence of current for each power lead to be removed.**

**RESPONSIBILITY**  **DETAILED STEPS STEPS COMPLETED**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Step No.** | **\*Install Mon.**  **(R/Y/G)** | **Supplier** | **AT&T** | **\*\*SSP** | Description of Volatile Work Activities | **Date** | **Time** | **INITIALS** | |
|  |  |  |  |  |  |  |  | **Supplier** | **\*\*\*AT&T** |
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**\* (Install Mon.) Installation Monitoring Requirements. Indicate whether the step is red, yellow or green (R/Y/G).**

**\*\*(SSP) Safe Stop Point**

**\*\*\* If on-site coverage provided**

**Use additional pages if required to list detailed steps. MOP should also include relevant attachments**

**Are there attachments to this MOP: Yes  No**