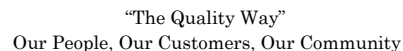


Mission of Procedure (M.O.P.)

| Date Plan Prepared | |
|--------------------|--|
| Job Name: | |
| Job Number: | |
| Job Location: | |

| I. Overview | | | | | |
|---|--|--------------------|--|------------|--|
| Company: | | Planner: | | Location: | |
| Task to be Completed: | | | | | |
| Start Date and Time: | | End Date and Time: | | Crew Size: | |
| II. Break Down Of Work To Be Performed: | | | | | |
| Construction Activity (In Sequence) | | | | | |
| 1 | | | | | |
| 2 | | | | | |
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| 37 | |



The task have been reviewed in the work area where they will be performed and this plan has been reviewed with the workers on this crew.

| Foreman | | QA / QC | |
|-------------|--|-------------|--|
| Print Name: | | Print Name: | |
| Signature | | Signature | |
| Contact: | | Contact: | |

[illegible]

| V. Contacts | | |
|------------------------------------|-----------|--|
| Quality Electric Representative: | Name: | |
| Position: | Contact : | |
| | | |
| Quality Electric Representative: | Name: | |
| Position: | Contact : | |
| | | |
| Quality Electric Representative: | Name: | |
| Position: | Contact : | |
| | | |
| General Contractor Representative: | Name: | |
| Position: | Contact : | |
| | | |
| Owner Representative: | Name: | |
| Position: | Contact : | |
| | | |
| Owner Representative: | Name: | |
| Position: | Contact : | |
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| Owner Representative: | Name: | |
| Position: | Contact : | |
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| Owner Representative: | Name: | |
| Position: | Contact : | |
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| Owner Representative: | Name: | |
| Position: | Contact : | |
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| Owner Representative: | Name: | |
| Position: | Contact : | |
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| Owner Representative: | Name: | |
| Position: | Contact : | |
| | | |