#  METHOD OF PROCEDURE (MOP) PROFORMA

Site Name: Address ID No.

Floor or Area: Project or Contract Reference No.

Telstra Project / Contract Manager Contact Number.

**PROJECT BRIEF:**

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| --- |
| **DESCRIPTION OF WORKS:**   |
|  |

The works are scheduled as follows: Start Date: Completion Date:

|  |  |
| --- | --- |
| Works are for: | Project Reference No.: |
|  | Contract Package Ref. No.: |
|  | Maintenance Activity Management No./Contract No.: |
|  | Other Details: |

**Prepared by Construction Agent (Contractor)**

Name (*Print*): Company:

Title: Phone No:

Signature: Date:

Approved by Project Manager

Name (*Print*): Company:

Title: Phone No:

Signature: Date:

\*Reviewed by Network Property Facility Manager

Name (*Print*): Group:

Title: Phone No:

Signature: Date:

Comments:

\*Review by other Stakeholder (if relevant)

Name (*Print*): Group:

Title: Phone No:

Signature: Date:

Comments:

**Important:** Signing by a Stakeholders\* only confirms that the risks known to them have been identified and the controls seem adequate. Its acceptance is NOT an approval of the proposed work and does not replace the obligation of the person submitting the MOP to: ensure all hazards and risks are identified, undertake all necessary risk assessments, obtain all required permits, ensure the ability and suitability of any risk mitigation controls are adequate and properly implemented.

Work should not start until the MOP Proforma & required attachments are combined and signed.

 A copy of the approved MOP document must be kept posted at the work site at all time.

ATTACHMENTS

 Details:

|  |  |
| --- | --- |
| Work Method Statements (Note: The WMS must be extracted into the Risk Mitigation Plan) |  |
| Permits |  |
| Job Safety Analysis: |  |

### IMPACT STATEMENT

The Project Manager staff or contractor engaged to perform services within Telstra’s network buildings shall outline below the aspects of the exchange that may be impacted by the works being carried out. Examples of exchange impacts include but are not limited to items listed below. The Construction Agent or Project Manager must add additional impacts not captured below as necessary. **All steps noted as Yes below, must be specifically addressed in the Step by Step - Risk Mitigation Plan.**

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| --- | --- | --- | --- | --- |
| **Impact** | **Description of Exchange Impact***(Contractor to detail site specific impacts)* | **Yes No** | **Start Date** | **End Date** |
| 1 | Staff familiar with content of Working in Network Sites ( EDMS : ABS-4585 formally known as 013731 ) |  |  |  |
| 2 | Noise, dust or fumes to be created.  |  |  |  |
| 3 | Hot Works to be done eg.welding, grinding, open flames, etc. (Hot work Permit Required) |  |  |  |
| 4 | Isolation of Fire detection / protection systems. |  |  |  |
| 5 | Works to restrict movement/access or impact on tenants/site users, security?  |  |  |  |
| 6 | Oils, Fuels, Dangerous Goods or Hazardous materials to be used or stored during works |  |  |  |
| 7 | Excavation work – internal/external, core holing, drilling, penetrations |  |  |  |
| 8 | Structural impacts eg floor loading, structural elements. |  |  |  |
| 9 | Interruption to building services eg AC power, water, sewer, gas |  |  |  |
| 10 | Loss of air conditioning or heating |  |  |  |
| 11 | Working equipment to be cut over or taken out of service. |  |  |  |
| 12 | AMS / “other” Alarms to be Disconnected / Connected or modified. |  |  |  |
| 14 | Interruption to DC power |  |  |  |
| 15 | Power (AC or DC) or control cables to be cut |  |  |  |
| 16 | Working over operating network equipment and power systems |  |  |  |
|  | **Other factors - list below and in Risk Mitigation Plan.** |  |  |  |
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### STEP BY STEP - RISK MITIGATION PLAN

The Project Manager staff or contractor engaged to perform services within Telstra’s network buildings shall list the steps required in order to safely deliver a given task or activity and eliminate or minimise network impacts in accordance with the project specification. Where a particular step presents a risk, the Contractor shall list the control strategy to be used to mitigate the risk. **The risk and mitigation steps must be comprehensively explained so that no ambiguity exists for the person performing the work.**

Each **high risk activity** (refer EDMS : ABF-1762 formally known as 000169 for definition) will require an individual MOP, separate Hazard approval and be undertaken during a **maintenance window**. High risk activity steps need to be flagged in larger project risk mitigation plans to indicate that separate MOP and approval processes will be sought at these steps. It is a requirement that where a work practice/instruction has been referred to as a way of controlling risk, the relevant extract from that document should be included in this MOP. Wholesale cutting and pasting of work instructions etc will result in the MOP being rejected. Only relevant parts that address the risk should be included.

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| --- | --- | --- | --- | --- |
| **Step** | **Activity Description** | ***Initial risk matrix rating******(Procedure 000169)*** | ***Residual Risk after Control******(Procedure 000169)*** | ***Step Complete Yes / No or AMC Sequence No.*** |
| **Read and sign off on MOP**. | **Declaration**All persons / Contracting Staff / Silcar Staff / Telstra Staff involved in the activity outlined in this Method of Procedure are to read and sign off on the MOP prior to beginning work.The purpose of this is to indicate a commitment to adhering to the procedure as set out. Failure to adhere to the procedure outlined in the MOP will lead to disciplinary actions. |  |  |  |
| **1** | *Each step required to complete the activity is to be identified in the step row. Add additional lines to table as required.* |  |  |  |
| Risk | *identification of the network or other risks associated with the step (above) to be identified in this row.* |  |  |  |
| Mitigation | *Mitigation steps to be comprehensively explained so that no ambiguity exists. All steps with identified risk (above) must be addressed specifically in this section.* |  |  |  |
| **2** |  |  |  |  |
| Risk |  |  |  |  |
| Mitigation |  |  |  |  |
| **3** |  |  |  |  |
| Risk |  |  |  |  |
| Mitigation |  |  |  |  |
| **4** |  |  |  |  |
| Risk |  |  |  |  |
| Mitigation |  |  |  |  |
| **5** |  |  |  |  |
| Risk |  |  |  |  |
| Mitigation |  |  |  |  |
| **6** |  |  |  |  |
| Risk |  |  |  |  |
| Mitigation |  |  |  |  |
| **7** |  |  |  |  |
| Risk |  |  |  |  |
| Mitigation |  |  |  |  |
| **8** |  |  |  |  |
| Risk |  |  |  |  |
| Mitigation |  |  |  |  |
| **9** |  |  |  |  |
| Risk |  |  |  |  |
| Mitigation |  |  |  |  |

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| 1 | Has a capacity review been completed and has unconditional signoff been obtained (identify planning number or who signed off **if yes**)? Provide details (action plan / defects / conditions) **if no**… | Y/N |
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| 2 | What are the primary/secondary business hours and after hours support numbers for this system or infrastructure  |  |
|  | Name:  Phone: |  |
| 3 | Briefly list the support levels planned to be available during / immediately after the change, and where relevant (ie software change) when business hours commence (emphasise any enhanced support procedures)… |  |
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| 4 | Identify **all** supporting Helpdesks to be notified of this change prior to commencement of any work. | Y/N |
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| 5 | If any part of the change fails or doesn’t progress, can the system be returned to pre-change condition? Provide details and explain the timeframes involved **if yes**… |  |
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| 6 | Briefly describe the business impact if the change is deferred or backed out, and list contingency date including details of marketing campaigns or other date related dependencies. |  |
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**MOP COMPLIANCE REGISTER**

All persons - Contracting Staff / Silcar Staff / Telstra Staff

 involved in the activity outlined in this Method of Procedure are to read and

 sign off on the MOP.

 The purpose of this is to indicate you have an understanding of the procedure

 and indicate a commitment to adhering to the procedures as set out.

 Failure to adhere to the procedure outlined in the MOP will lead to disciplinary

 actions.

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|  NAME  |  COMPANY |  SIGNATURE |  DATE |
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