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**ARIZONA DEPARTMENT OF ADMINISTRATION**

GENERAL SERVICES DIVISION

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<b>MOP Management Team:</b>		<b>Signature/Date</b>		
<b>PROJECT NAME</b> <b>METHOD OF PROCEDURE (Page 1)</b> <b>Review, Coordination &amp; Approval</b>				
<b>MOP # 1</b> <b>Description of Work:</b>				
<b>1. Proposed Date and Time Work to be Performed:</b> <b>2. Approved Date and Time Work to be Performed:</b>				
1	<b>Start Date:</b>	<b>Start Time:</b>	<b>End Date:</b>	<b>End Time:</b>
2	<b>Start Date:</b>	<b>Start Time:</b>	<b>End Date:</b>	<b>End Time:</b>

<b>Prepared &amp; Submitted By:</b>	<b>Signatures:</b>
<b>Review No. 1, Comments:</b>	
<b>Review No. 2 Comments:</b>	
<b>Review No. 3 Comments:</b>	
<b>Approval, Comments:</b>	

**METHOD OF PROCEDURE (Page 2)**

**PROJECT NAME**

**MOP # 1      Date:**

**Description of Work:**

**Attachments:**

Step No.	Risk Factor <small>1-5 5 Being the highest Risk</small>	Procedure / Task If appropriate, indicate point of "no return"	Resp. Party Name, Company	Planned Start	
				Date	Time
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					