

**Fire Protection
Method of Procedure (MOP)**
Insert Type of Work
Insert Location of Work Performance
(WORK ANTICIPATED FOR)
Insert Dates:

*FINAL MOP REVIEWERS			
Company/ Name	Signature	Date	Comments
Contractor Name (Print):			
GSA Facility Manager Name (Print):			
*Fire Protection Engineer Name (Print):			
* Contractor Sub* Name (Print):			
*O&M Contractor: Name (Print):			
GSA Senior Property Manager Name (Print):			
GSA Regional Fire Protection Eng. Name (Print):			

METHOD OF PROCEDURE AUTHORIZATION

Step 1: MOP Description

MOP Title: _____ Date Approved: _____
Name of (Sub) Contractor Performing Work: _____
Phone Number: _____

Name of Person Submitting MOP: _____ Date Submitted: _____

Tentative Start Date: _____

Tentative Time Frame: _____

Actual Outage/Loss of Service Time/Duration:

Step 2: Project Contact List

Medical Emergencies Dial: 911

Name	Company	Position	Phone/Cell/Pager

[\[Insert Floor Plans\]](#).

Step 6: STEP-BY-STEP Activities (Describe each step in detail as follows, including activities time-lines):

Step	Date	Time	Description	Action By:	Completed
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
End of MOP					

Detailed Testing Procedures:

Step	Date	Time	Description	Action By:	Completed
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
End of Testing					

Step 6: Hoisting / Hauling / Storage Include detailed information for the following:

- 1) Identify routing to space.
[Insert if required]
- 2) Identify protection of walls/floors.
[Insert if required]
- 3) Identify weights.
[Insert if required]
- 4) Identify capacity of elevator if applicable.
[Insert if required]
- 5) If building structural system is utilized to support object, identify structural component, capacity of structural component, and method of support.

Step 7: Protection Requirements (Include detail information for the following):

- 1) Telecommunication Equipment / Computer / Cable / Fire Alarm.
 - a. Specifically detail protection when work occurs over telecommunications equipment/computer/cable including plywood enclosures and rubber mats. Attach sketch.
- 2) **Protection of Personnel/Tenants: All PPE will be worn during work operations. Gloves, safety glasses, work shoes, hard hats, reflective vest, and proper clothing.**
- 3) Electrical/Mechanical Equipment:
- 4) Miscellaneous Equipment: **[Insert if required]**
- 5) Fire Alarm Status: .
- 6) Lock Out/ Tag Out/ Check Out Program:
- 7) GSA Approved Hot Work Procedures:

Step 8: Tool Identification

- 1) Identify types of tools that would result in excessive noise, cause vibration in areas outside of the containment, create excessive loading on the floor, or create a condition to control water.
[Insert if required]
- 2) Include specifics regarding methods of cutting. (Include a detailed description for WET cutting)
[Insert if required]
- 3) Include specifics regarding welding/soldering (complete hot work permit).

[Insert if required]

Step 9: Safety Requirements

- 1) Fire Protection: **[Insert if required]**
- 2) Fire Watch: **Required, Meridian Provided**
- 3) Dust Protection: **[Insert if required]**
- 4) Asbestos Containment: **[Insert if required]**
- 5) Smoke Containment: **[Insert if required]**
- 6) Noise Containment: **[Insert if required]**
- 7) Water Containment: **[Insert if required]**
- 8) Mold Protection: **[Insert if required]**
- 9) Daily GSA Approved
Hot Work Permit: **[Insert if required]**

Step 10: Weather Protection

Include specific regarding protection from weather. In particular, address water protection, humidity protection, and temperature stability.

[Insert if required]

Step 11: Special Tenant Needs / Requirements

This section to be completed by User Group / Tenant as applicable.

Not applicable for this MOP

Step 12: Building Security

[Insert if required]

Step 13: Contingency Plans

This is an extremely important section, which must be completed in detail. In the event of an unforeseen problem associated with any aspect of the MOP, a contingency plan is to be developed. Identify potential problems which may arise. Include safe stop points. Include back out procedures. Spare parts, materials, etc. shall be identified for contingency plans.

Potential Problem:

[Insert if required]

Contingency Plans:

[Insert if required]

Backout:

[Insert if required]

Step 14: M.O.P Signature Sheet

- 1) If work procedure does not affect party identified, signature is not required. If you are required or need to be contacted if contingencies are implemented, mark the yes/ no box below accordingly.
- 2) Procedure for obtaining signatures shall be as follows:
 - a. Signatures shall be in the order indicated.
 - b. Email processing shall be an acceptable method of confirmation of concurrence of the MOP
 - c. Originator of the MOP shall indicate N/A adjacent to individuals who are not involved and/or affected by the MOP.

NAME	Emergency Contact	Emergency Phone #	Date	Signature

EMERGENCY CONTACT LIST

(EMERGENCY CALLS FLOWCHART)

In the event that the **Insert the Building Name** or **Insert the Contractors Name** needs to contact **Insert the Prime Contractor's Name**, the following conditions shall be considered and steps implemented.

Normal Working Hours and Off Time Hours

1st Attempt – Contact * **Insert*** Project office at:

000-000-0000

The staff members at the office will notify

Name:



2nd Attempt – Contact * **Insert Sub Contractor Name***
Name at cell phone no.

000-000-0000



3rd Attempt- Contact *Insert Sub Contractor's Name*

Name at cell phone no.

000-000-0000

Comments:

Other:

*****END OF MOP*****

FIRE WATCH LOG SHEET

In the event that any of the following fire protection systems are off-line, a FIRE WATCH is to be implemented IMMEDIATELY – Fire Alarm System, Sprinkler System, Standpipe System, Fire Pump, Emergency Power System, Specialized Fire Suppression System, other specialized building systems.

Persons assigned to Fire Watch duties shall follow the requirements listed on the Fire Watch Duties sheet and shall patrol all unprotected areas of the building every hour to check for signs of fire or smoke conditions. All patrols are to be recorded on this Fire Watch Log Sheet immediately following each round. Records of Fire Watch shall be retained on site for 2 years after they are made, and shall be made available upon request to the Chief Fire Official.

NOTE: Start a new Fire Watch Log Sheet for each new day of Fire Watch

If fire or smoke conditions are discovered, alert all building occupants by sounding a portable air horn, whistle or another device approved by the Chief Fire Official.

_____ System OUT OF SERVICE	Date: _____	Time: _____
System Out of Service	Date: _____	Time: _____
System Out of Service	Date: _____	Time: _____

_____ System BACK IN SERVICE	Date: _____	Time: _____
System Back in Service	Date: _____	Time: _____
System Back in Service	Date: _____	Time: _____

NAMES & POSITIONS OF PERSONS CONDUCTING FIRE WATCH:	INITIALS
--	-----------------

1.	
2.	
3.	
4.	

See Reverse for Fire Watch Patrol Log Sheet

FIRE WATCH PATROL LOG SHEET

NOTE: Start a new Fire Watch Log Sheet for each new day of Fire Watch

Fire Watch Duties Conducted By: _____
 (print name & position)

Fire Watch Commenced: **Date:** _____ **Time:** _____

ROUNDS	DATE (m/d/y)	START TIME (circle a.m./p.m.)	FINISH TIME (circle a.m./p.m.)	AREAS PATROLLED & COMMENTS	INITIALS
1.	/ /	a.m. p.m.	a.m. p.m.		
2.	/ /	a.m. p.m.	a.m. p.m.		
3.	/ /	a.m. p.m.	a.m. p.m.		
4.	/ /	a.m. p.m.	a.m. p.m.		
5.	/ /	a.m. p.m.	a.m. p.m.		
6.	/ /	a.m. p.m.	a.m. p.m.		
7.	/ /	a.m. p.m.	a.m. p.m.		
8.	/ /	a.m. p.m.	a.m. p.m.		
9.	/ /	a.m. p.m.	a.m. p.m.		
10.	/ /	a.m. p.m.	a.m. p.m.		
11.	/ /	a.m. p.m.	a.m. p.m.		
12.	/ /	a.m. p.m.	a.m. p.m.		
13.	/ /	a.m. p.m.	a.m. p.m.		
14.	/ /	a.m. p.m.	a.m. p.m.		
15.	/ /	a.m. p.m.	a.m. p.m.		
16.	/ /	a.m. p.m.	a.m. p.m.		
17.	/ /	a.m. p.m.	a.m. p.m.		
18.	/ /	a.m. p.m.	a.m. p.m.		

OUT OF SERVICE SIGNAGE

INSTRUCTIONS: Note what fire protection system is out of service and post copies of this sign at main entrance and on all floor areas

(fire protection system out of service)

OUT OF SERVICE

**A FIRE WATCH IS PATROLLING THE
AFFECTED AREAS OF THE BUILDING**

IN CASE OF FIRE

CALL 911

**FOLLOW POSTED
EMERGENCY
PROCEDURES**