

Method of Procedure

Job Information

Company:	Supervisor in Charge of Work: Supervisors Phone #:
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Date:	Task Location:
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Task to be Performed:

Project Name:

Summary of Work:

Areas affected by Work and how will areas and/or occupants be affected: (Describe any work that would be hazardous, create smoke/odor, sparks, dust, occurs in confined spaces, or could otherwise impact fire/life safety systems and controls for each):
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Proposed Work Schedule & Time:

Does the fire alarm system need to put on test mode to perform this work? yes <input type="checkbox"/> no <input type="checkbox"/>
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Will an Escort be required to perform this work? yes <input type="checkbox"/> no <input type="checkbox"/>

Have the appropriate personnel and departments been notified of this work? Check all that apply: Project Management <input type="checkbox"/> Security <input type="checkbox"/> EHS <input type="checkbox"/>	Engineering <input type="checkbox"/> Specialty Lab Management <input type="checkbox"/> Facilities Operations <input type="checkbox"/> Other:
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Physical Hazards Identified & Discussed:	Control(s) Identified & Discussed:
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<input type="checkbox"/> Confined Space <input type="checkbox"/> Electrical <input type="checkbox"/> Elevation / Site Terrain <input type="checkbox"/> Falls from Elevations <input type="checkbox"/> Fire/Explosion Hazards <input type="checkbox"/> Heavy Equipment <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Hot Work	<input type="checkbox"/> Permit Required <input type="checkbox"/> Struck by/Caught Between <input type="checkbox"/> Overhead Work <input type="checkbox"/> Slips, Trips, or Falls <input type="checkbox"/> Underground Utilities <input type="checkbox"/> Vehicular Traffic <input type="checkbox"/> Entrapment/Collapse <input type="checkbox"/> Other, please specify:	
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REGENERON

SCIENCE TO MEDICINE®

Health Hazards Identified to Occupants or Workers:		Control(s) Identified & Discussed:	
<input type="checkbox"/> Chemical Exposure (if this is checked, please include Safety Data Sheets for chemicals expected to be used) <input type="checkbox"/> Cold Stress <input type="checkbox"/> Silica Exposure <input type="checkbox"/> EMI/RF/Radiological/Laser <input type="checkbox"/> Heat Stress <input type="checkbox"/> Biological Hazards: Animal Avian, Insects, Microbiological, etc. <input type="checkbox"/> Noise Exposure (>85 dBA) <input type="checkbox"/> Asbestos, Lead <input type="checkbox"/> Lifting Hazard <input type="checkbox"/> Other, please specify: <input type="checkbox"/> Nuisance Odors/Dust/Noise			
Hazard Control Measures			
PPE & Monitoring Equipment	Inspections	Safety Systems / Training / Engineering Controls	
<input type="checkbox"/> Fall Protection <input type="checkbox"/> Gloves <input type="checkbox"/> Hard Hat <input type="checkbox"/> Safety-toe Boots <input type="checkbox"/> Hearing Protection <input type="checkbox"/> RF / Radiological Monitors <input type="checkbox"/> Hazmat Suits; Levels: D,C,B,A <input type="checkbox"/> Safety Glasses, Goggles, Face Shield <input type="checkbox"/> Air Monitoring <ul style="list-style-type: none"> <input type="checkbox"/> Oxygen Deficiency <input type="checkbox"/> Oxygen Enrichment <input type="checkbox"/> Flammable Gases/Vapors <input type="checkbox"/> Airborne Combustible Dust <input type="checkbox"/> Toxic Gases or Vapors <input type="checkbox"/> X-Ray Monitoring <input type="checkbox"/> Respirator <ul style="list-style-type: none"> <input type="checkbox"/> APR <input type="checkbox"/> Supplied Air <input type="checkbox"/> Half-Face <input type="checkbox"/> Full-Face <input type="checkbox"/> Fire Watch	<input type="checkbox"/> Tools Equipment <input type="checkbox"/> Rigging <input type="checkbox"/> Housekeeping <input type="checkbox"/> Tag Lines <input type="checkbox"/> Ground Fault Protection <input type="checkbox"/> Hoists	<input type="checkbox"/> Warning Signs, Signals, Barricades, PPE <input type="checkbox"/> Ventilation <input type="checkbox"/> Excavation & Trenching Plan/Log <input type="checkbox"/> Lock-Out / Tag-Out (De-energize, Guard, Identify, Tag or Tag & Lock) <input type="checkbox"/> Job Briefing Meeting <input type="checkbox"/> Pre-Approved Plans (Critical Lifts, Roped-Access, Suspended Personnel Lift) Permit Systems: Confined Spaces: Is a Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> Obtained <input type="checkbox"/> N/A Electrical Work: Is a Permit Outage, or Clearance Required? <input type="checkbox"/> Yes <input type="checkbox"/> Obtained <input type="checkbox"/> N/A Fire, Smoke, Heat Alarms Deactivation: Are Permits Required? <input type="checkbox"/> Yes <input type="checkbox"/> Obtained <input type="checkbox"/> N/A Welding/Hot/Burning: Is a Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> Obtained <input type="checkbox"/> N/A Pressure/Chemical Pipe Opening: Is a Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> Obtained <input type="checkbox"/> N/A	
Mandatory Acknowledgement (SERVICE CONTRACTOR MUST AGREE TO EACH ITEM BELOW):			
1. Upon arriving onsite, the Service Contractor shall check in with security at the 777 Old Saw Mill River Road, (777 South Main Entrance) or Rockwood Road Security to receive a temporary identification badge, if applicable <input type="checkbox"/>			
2. Service Contractor will remain at security lobby until escort arrives, if applicable <input type="checkbox"/>			
3. Service Contractor understands that work will not commence onsite until receiving confirmation that the MOP has been approved <input type="checkbox"/>			
By signing this MOP, the signee acknowledges that they understand the MOP and agree to follow all procedures, requirements, and conditions listed on this MOP. Should any previously unidentified work hazards arise during the course of work, all work must stop and the MOP shall be amended, or a new MOP must be created and signed.			
Contractor Signature: _____ Date: _____			
Regeneron Review and Approval			
Project Management:		EHS	
Signature: _____	Date: _____	Signature: _____	Date: _____

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