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| **Method of Procedure****General Information** | |
| Purpose (optional): | **<What this will accomplish>** |
| Release Version (optional): |  |

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| --- | --- | --- |
| Implementation Instructions & Workflow *Step by step instructions to implement scope of work* | | |
| **Step** | **Activity**  **Actions & Expected Results** | **Assigned To** |
| 1 | On the following devices, log in and perform the following commands  Device list  Commands to be run including config t or edit private and commit statements. | Network Engineer |

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| Back-Out Instructions & Workflow *Step by step instructions on how to back out the changes implemented* | | |
| **Step** | **Activity**  **Actions & Expected Results** | **Assigned To** |
| 1 | On the following devices, log in and perform the following commands  Device list  ---Juniper---  configure private  rollback 1  show | compare  (ensure this is the correct change)  commit comment “Rollback <title>”  ---Cisco---  configuration history last 1  (ensure this is the correct config)  rollback configuration last1 | Network Engineer |

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| Verification Instructions & Workflow *Step by steps instructions to verify work was implemented correctly* | | |
| **Step** | **Activity**  **Actions & Expected Results** | **Assigned To** |
| 1 | On the following devices, log in and perform the following commands  Device list  Commands to be run to confirm the work completed successfully and has the desired effect. | Network Engineer |

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| **Application Functional Validation Testers**  *Identify application name being tested, tester name and contact information* | | | | |
| **Contact** | **Application Name** | **Tester Name** | **Primary Phone** | **Secondary Phone** |
| Primary | NA |  |  |  |
| Primary |  |  |  |  |
| Primary |  |  |  |  |

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| **Application Functional Validation & Workflow**  *Step by step instructions to validate that the changes implemented are working as designed and there are no issues with the application after deployment* | | |
| **Step** | **What is being tested?**  **Activity Actions & Expected Results** | **Assigned To** |
| **1** | NA |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |

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| --- | --- | --- | --- |
| **Contacts (optional)** | | | |
| Contact | **Name** | **Primary Phone** | **Secondary Phone** |
| Primary | Todd Woods | 803-558-0988 |  |
| Alternate |  |  |  |
| Alternate |  |  |  |

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| **General Notes:** |
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| **Document Change History** | | |
| Date | **Name** | **Change Description** |
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