

Name: _____

Employee No: _____

Declaration & Signature:

I confirm the statements made within this assessment are my own work.

Participant's Signature _____ **Date** _____

Scenario:

You have been called to attend a repair and need to access the location hut, shown in the diagram below. However you have entered the corridor on the opposite side of the location hut as marked on the photo below. The location hut is located at Rhodes, next to the up main at approximately 17.370km.

Photo on next page



Send completed forms to:
assessment@transport.nsw.gov.au

Pre-work Briefing – Worksite protection/work method

Work location:		Briefing date: dd/mm/yy	
Scope of work:		Site Supervisor:	Phone:
Work on track method (LPA, TOA, TWA, ASB, Lookout Working) Refer to Worksite Protection Plan for details:		Protection Officer:	Phone:
Emergency assembly point:		Briefer:	Briefer's signature:
First aid kit location:	First Aider:		SWMS/SWI Ref #:

Hazards (eg. Site specific hazards identified, including physical environment, human errors, plant and equipment)	Controls (to be implemented to eliminate or reduce the risk to the lowest practicable level)	Person responsible for Control

Pre-work Briefing – Worksite protection/work method cont.

All incidents and injuries must be reported to the Site Supervisor (Line Manager) and the Safety Incident and Injury Hotline on 1800 772 779

All persons listed below acknowledge that they:
(Briefer to delete and initial any items that are not applicable)

NOTE: Persons are to question the Briefer if they don't understand any part of this briefing.

- | | |
|--|---|
| <input type="checkbox"/> have been inducted to the site | <input type="checkbox"/> have been briefed on the SWMS/SWIs/documented safe work practice for the job |
| <input type="checkbox"/> hold the applicable and current certificates of competency, trade licence and/or induction record eg. Construction Industry Induction | <input type="checkbox"/> have been instructed in the controls recorded in this document and SWMS/SWIs |
| <input type="checkbox"/> wear the appropriate Personal Protective Equipment (PPE) | <input type="checkbox"/> are free from the effects of alcohol/drugs/fatigue |
| <input type="checkbox"/> have been briefed on the contents of the Worksite Protection Plan for work within the Rail Corridor | <input type="checkbox"/> have been made aware of any hazardous materials / substances on site |
| <input type="checkbox"/> have been informed of the requirements of the electrical permit (if required) | <input type="checkbox"/> have been briefed on Material Safety Data Sheets (MSDS) |
| | <input type="checkbox"/> have been briefed on the site specific safety management plan |
| | <input type="checkbox"/> have been briefed on the hazards of adjoining worksites/processes |

Name	Signature	Time of briefing: hh:mm	Amendment briefing: hh:mm & Initial	Name	Signature	Time of briefing: hh:mm	Amendment briefing: hh:mm & Initial

Worksite Protection Plan

Worksite Location: _____ between km and km

Adjacent Line/s: _____ between km and km

Date of work: DD/MM/20YY Start time: HH:MM hours Finish time: HH:MM hours Weather:

LPA TOA TWA ASB

(cross out if not applicable)

Site Supervisor or Team Manager:

Work Order/Reference No.:

Work outside and not affecting the Danger Zone Work within a shunting yard

(cross out if not applicable)

Work description (Scope):

Minimum Warning Time Calculation when using Lookouts:

<input type="text"/> sec	+	<input type="text"/> sec	+	<input type="text"/> 10 sec	= Minimum Warning Time (MWT)	<input type="text"/> sec	<input type="text"/> km/h	<input type="text"/> metres	* Note – Add additional 5 seconds of See Time if an additional Lookout is being used
<i>See Time (S)</i>		<i>Move Time (M)</i>		<i>Safe Time</i>	<i>(S+M+10 sec = MWT)</i>		<i>Track Speed</i>	<i>Minimum Sighting Distance as calculated</i>	
<input type="text"/> sec	+	<input type="text"/> sec	+	<input type="text"/> 10 sec	= Minimum Warning Time (MWT)	<input type="text"/> sec	<input type="text"/> km/h	<input type="text"/> metres	

Notes: _____

Provide or attach a diagram of the worksite protection arrangements, including Handsignallers, Lookouts, platforms, bridges, tunnels, safe place, Railway Track Signals, signal numbers, kilometre post, etc.

Network Control Officer Details: Name Location Contact Phone Number

Protection Officer Details: Name Signature Contact Phone Number

Rail Safety Worker Card No. PO Level: or Other

