Form					— н	ITACHI
TRACK OCCUPANCY CERTIFICATE			FORM			oire the Next
Name / Designation of Person in Charge (OSC):				Company Name	,	
Work Order Number:			Permit to W	ork Number:		
PART 1 – Authorization to	be filled by OSC fo	r presentation	at the WPN Meeting			
Description of work to be carried out and work site						
Possession Boundaries	Between			and		
Illustrated with a drawing:	Setween.			und		
Duration (hrs.)	Commence at	Date:		Time	:	
(),	Finished by	Date:		Time	-	
Train or Maintenance Veh	nicle to be used:					
Maximum speed within T	rack Possession:		mph Restrictions:			
Protection for the Track Po	ossession (illustrate	d above)				
Location of marker Bo						
	be clamped at site					
Tractio	on Power between	and		☐ energized	☐ energized ☐ de-energized	
	cal Permit Number					
Additional Precautions Access and Evacuation route:						
PART 2 – To be filled in by The following arrangemen		o protect the T	rack Possession: (Confir	m with Engineeri	ng and Faults Contr	roller for the track)

Approved By:	☐ Director, Operations and Maintenance	☐ Department Manager	☐ Manager, HSE (Operations and Maintenance)
Signature:			
Date:			

Date:

Name:

Issued on

Issued by Engineering and Faults Controller

Time:

Document Code	YYY.YYY. Track Occupancy Certificate Form.00	Effective Date:	
File Name	HNL-09586.00.00-1-Track Occupancy Certificate Form	Rev No. 00	Page 1 of 2

TRACK OCCUPANCY CERTIFICATE FORM



PART 3 – Staff Briefing to be conducted by OSC						
As the Person-in-Charge, Name:						
I have briefed the working party: On the work to be carried out The boundaries of the work site The boundaries of the Track Possession Place of safety (track), access and evacuation route Precautions while working in the site and the work completion time Other Comments (if any)						
Signed by OSC	Date	Time				
PART 4 – To be filled in by the OSC after completion of works						
I confirm to the Engineering and Fault Control The working party, all tools, equipment and ma The track is now in a condition suitable for train All points previously clamped at the work site f I have provided a line clear message I have confirmed that the TOC is now cancelled	Tick when complete complete complete complete complete complete complete					
Signed by OSC	Date	Time				

Note: A copy of this form is to be provided to the Performance and Planning Mgrs. office when complete.