Form HITACHI TRACK OCCUPANCY CERTIFICATE FORM @Hitachi Rail Honolulu JV Name / Designation of Company Name **On Site Coordinator** (OSC): **Work Order Number: Permit to Work Number:** PART 1 - Authorization to be filled by OSC for presentation at the WPN Meeting Description of work to be carried out and work site **Possession Boundaries** Between Illustrated with a drawing: **Duration (hrs.)** Commence at Time: Date: Finished by Time: Date: Train or Maintenance Vehicle to be used: **Maximum speed within Track Possession:** Restrictions: mph Protection for the Track Possession (illustrated above) Location of marker Board/flashing lights Points to be clamped at site Traction Power between and ☐ energized ☐ de-energized **Electrical Permit Number Additional Precautions Access and Evacuation** route PART 2 - To be filled in by OSC on site The following arrangement have been made to protect the Track Possession: (Confirm with Engineering and Fault Controller for the track) **Track Occupancy Certificate Number** Number: Issued on Date: Time: Issued by Engineering and Fault Controller Name: ☐ Director, Operations and Maintenance ☐ Department Manager ☐ Manager, HSE (Operations and Maintenance) Approved By: Signature: Date:

Effective Date:

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HNL-09586 Track Occupancy Certificate Form.01

HNL-09586.00.00-1-Track Occupancy Certificate Form

Form			

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TRACK OCCUPANCY CERTIFICATE FORM

PART 3 – Staff Briefing to be conducted by OSC							
As the On Site Coordinator, 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 evacuat Precautions while working in the site and 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	Tick when complete						
The working party, all tools, equipment and ma	\square complete						
The track is now in a condition suitable for train	\square complete						
All points previously clamped at the work site f	\square complete						
I have provided a line clear message	\square complete						
I have confirmed that the TOC is now cancelled	□ 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.