

Form	
<h2 style="margin: 0;">PERMIT TO WORK APPLICATION FORM</h2>	

Work Package Number:		Work Order Number:		Permit to Work Number:	
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Part 1 – Work General Planning Details					
Company Name				Date of Application	
Schedule Start & Finish <i>mm/dd/yyyy</i>	Start:			Working Period	<input type="checkbox"/> Engineering Hours <input type="checkbox"/> Revenue Services Hours
	Finish:				
Type of Work	<input type="checkbox"/> Corrective <input type="checkbox"/> Planned <input type="checkbox"/> Project / Construction <input type="checkbox"/> Other (specify)				
Work Location	Track	<input type="checkbox"/> On the Track <input type="checkbox"/> Near the Track			
	Station	From		To	
	Depot	Building Number		Room Number	
Work Description					

Part 2 – Method of Protection Required and Documentation		
Task Brief (Minimum Requirement)	<input type="checkbox"/> Attached	<input type="checkbox"/> Risk Assessment Attached
Other Documents listed here (NOC, Layout, photos, etc.)		
Safety Permits Required	<input type="checkbox"/> Mechanical Electrical Isolation Permit <input type="checkbox"/> Hot Works Permit <input type="checkbox"/> Excavation Permit <input type="checkbox"/> Working at Heights Assessment <input type="checkbox"/> Confined Space Assessment <input type="checkbox"/> Pre-Work Briefing Sheet <i>Note: If any one of the above is required a blank document must be attached to this package of work. Forms should be completed on site.</i>	

Part 3 – Track Worksite Protection				
Track Section	From (Station)			
	To (Station)			
Primary Protection				<input type="checkbox"/> Yes <input type="checkbox"/> No
Secondary Protection	Possession Limit Boards (PLB)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Short Circuit Device (Depot Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Worksite Marker Boards	<input type="checkbox"/> Yes <input type="checkbox"/> No	Live Line Tester	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Marker Lights	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fencing	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Standing Train	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 4 – Works Planning and Reporting Specialist Details and Approval			
I hereby certify that I have developed and reviewed the Method Statement and Risk Assessment relevant to this work activity and have consulted with relevant persons in my organization to ensure that the safe systems of work are adequate. I shall ensure that the persons required to carry out the work are advised of and understand the requirements of the Method Statement and Risk Assessment and monitor the hazards and control methods throughout the work activity.			
Contractor Rep.			
Position			
Contact No.			
Email Address			
Signature			

Approved By:	<input type="checkbox"/> Director, Operations and Maintenance	<input type="checkbox"/> Department Manager	<input type="checkbox"/> Manager, HSE (Operations and Maintenance)
Signature:			
Date:			

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Part 5 – Operator Approval to Implement

This authorization signifies that the planning component of work activity has been completed and that the work is authorized to implement in accordance with the Method Statement and Risk Assessment. This permit is registered in the Permit to Work Register, allocated a PTW number and have written the number on all associated documents.

Special Instructions

Approving Person

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Position

Signature

Date

Work Order Number:

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Permit to Work Number:

Date							
Day							
Time							

Part 6 – Implementation

Lineside Location							
Building							
Room							
Access Point							
Egress Point							
PIC Name							
Size of Work Group							

Part 7 – Work Site Protection (List how many if required)

PLB							
Worksite Marker Boards							
Live Line Tester							
Marker Lights							
Fencing							

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Part 8 – Authorization to Start Work

Name (Landlord)							
Location							
Access given Phone / Verbal							
Date Time							
Access Granted (Yes / No)							
If No to above state reason							
Authorization Number							

Part 9 – Hand Back of Work Site (Check Certificate)

Work is complete and worksite is clear of all personnel, equipment, and worksite protection devices with the following conditions:	<input type="checkbox"/> With restrictions <input type="checkbox"/> Safe to Operate <input type="checkbox"/> NOT SAFE TO OPERATE	<input type="checkbox"/> With restrictions <input type="checkbox"/> Safe to Operate <input type="checkbox"/> NOT SAFE TO OPERATE	<input type="checkbox"/> With restrictions <input type="checkbox"/> Safe to Operate <input type="checkbox"/> NOT SAFE TO OPERATE	<input type="checkbox"/> With restrictions <input type="checkbox"/> Safe to Operate <input type="checkbox"/> NOT SAFE TO OPERATE	<input type="checkbox"/> With restrictions <input type="checkbox"/> Safe to Operate <input type="checkbox"/> NOT SAFE TO OPERATE	<input type="checkbox"/> With restrictions <input type="checkbox"/> Safe to Operate <input type="checkbox"/> NOT SAFE TO OPERATE	<input type="checkbox"/> With restrictions <input type="checkbox"/> Safe to Operate <input type="checkbox"/> NOT SAFE TO OPERATE
On Site Coordinator (OSC)							
Signature							
Location							
Date & Time							
Landlord							
Signature							
Location							
Date & Time							