

Line Blockage Form (T12/T2)

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Section 1 General arrangements

WON/GZAC No. (if applicable)		Circle your role	IWA	COSS	PC	signaller
Name of IWA/COSS/PC		Name of signaller				
Phone Number		Signalbox		Panel/workstation		
Employer		Phone Number				
Circle the type of line blockage	T12	T2A	T2D	T2H	T2T	T2X
Time needed for the work		hrs		mins		

Line to be blocked	Between (signal/points)	And (signal/points)	Protecting signal(s)

If a T2 is being taken, go to page 2 and complete -

Appendix A if the T2 includes any level crossings	Appendix B if protection has been placed on a stabled train	Appendix C if a T2A (<i>signaller only</i>), T2D or T2T is being taken
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Section 2 Authority number

	Authority number	Blockage taken at		Call back time	Blockage given up at	
		Time	Date		Time	Date
1						

Rows 2-10 are for use with a T2 only

2						
3						
4						
5						
6						
7						
8						
9						
10						

Go to page 2 and complete -

Appendix D if a T2 is to be shared by two or more COSSs (<i>PC only</i>)	Appendix E if there is a change of COSS/PC in a T2	Appendix F if there is a change of signaller (<i>signaller only</i>)
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Line Blockage Form (Appendices)

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Appendix A Level crossing arrangements

Level crossing	Supervising signal box	Method			
		A	Q	E	N
		A	Q	E	N
		A	Q	E	N
		A	Q	E	N
		A	Q	E	N
		A	Q	E	N
		A	Q	E	N
		A	Q	E	N

In the method column, circle -

A if an attendant is required throughout the T2 (at AHBC, CCTV or RC crossings)	Q if an attendant is required some of the time (at AHBC, CCTV or RC crossings)
E if the signals/siren/bells are switched off (at ABCL or AOCL crossings)	N if there is normal working at the crossing

Appendix B Trains stabled on platform lines

Protection placed on trains stabled on these platform lines	
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Appendix C T2A, T2D or T2T**T2A (signaller only)**

These track circuits are occupied by TCODs	
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T2D

Name of signalling technician	
Disconnected signalling equipment	

T2T

Time token issued		Time token returned	
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Appendix D Permission to share the T2 (PC only)

Name of COSS	Phone number	Employer	Authority given at		Work completed at	
			Time	Date	Time	Date

Appendix E Change of COSS/PC

Name of new COSS/PC	Phone number	Employer	Time	Date

Appendix F Change of signaller (signaller only) (if required by signal box instructions)

Name of new signaller	Time	Date

Name of new signaller	Time	Date