

Engineering Supervisor's Certificate

RT3199

June 2010 Side 1 of 2

This certificate is in addition to any required in connection with the isolation or re-energisation of the traction current. A **seperate** certificate must be completed for **each** line affected by the work.

Section 1 Possession and work site details	
Name of ES	Employer
WON item No.	Possession limits (mileage)
Line affected	Start
	End
Work site limits (mileage)	Start
	End

Details of level crossings within the work site

Level Crossing	#	Arranged	Withdrawn	Level Crossing	#	Arranged	Withdrawn
		Time	Time			Time	Time
		Date	Date			Date	Date
		Time	Time			Time	Time
		Date	Date			Date	Date

In the # column enter -

N	If there is normal working at the crossing	A	If an attendant is required throughout (at AHBC, CCTV or RC crossings)	E	If the road signals/sirens/bells are switched off (at ABCL or AOCL crossings)	Q	If an attendant is required some of the time (at AHBC, CCTV or RC crossings)
W	If wrong direction movements must be cautioned (at crossings worked by the signaller/crossing keeper or those with white lights) or stop before crossing (at crossings with red/green lights)			C	If all movements must be cautioned (at crossings worked by the signaller/crossing keeper or where red/green lights have been switched off)		

Authority given by PICOP to set up work site	Signature or name of PICOP	PICOP phone number	Work site set up PICOP advised
Time			Time
Date			Date

If you are also acting as COSS you must additionally complete an entry in Appendix A.

Section 2 Change of ES			
Name of new ES	Employer	Changeover at	PICOP advised at
		Time	Time
		Date	Date
		Time	Time
		Date	Date
		Time	Time
		Date	Date
		Time	Time
		Date	Date

If you are also acting as COSS you must additionally complete an entry in Appendix A.

Section 3 Giving up the work site		
Signature of ES	Work completed, portion of line clear and safe for trains to pass	Certificate to be handed to PICOP or PICOP advised at
	Time	Time
	Date	Date

Appendix
A

IWA/COSS details

Signature of IWA/COSS	Phone number (if necessary)	Employer	Authority to start work given to IWA/COSS		IWA/COSS confirms work completed or work site protection no longer needed		Signature of IWA/COSS
			Time	Date	Time	Date	
			Time		Time		
			Date		Date		
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