



Document revision history

Issue	Date	Reason for change
1	Jan 05	First issue (now withdrawn)
2[a]	Mar 07	Amended
3	Jan 11	Reviewed, amended and re-issued

Background

A sub-group of the M & EE Networking Group have produced this Code of Practice which details the layout of the nationally approved Machine/Crane Controller pre-work, on-site, check lists.

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Sign off

The M & EE Networking Group agreed and signed off this Code of Practice on 19 January 2011 and published on 5 March 2011

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Purpose

This Code of Practice details a recommended standard industry RRV and RMMM Machine and Crane Controller checklist. This checklist has been produced to ensure a common format and requirements recognisable to all Machine and Crane Controllers carrying out their duties on Network Rail managed infrastructure.

Scope

This Code of Practice applies to Road-Rail Vehicles (RRV) and Rail Mounted Maintenance Machines (RMMM) Operations on Network Rail managed infrastructure.

Definitions

POL holder	Organisation holding a Network Rail POL
POL	Plant Operating Licence

1 Principle

- 1.1 Machine and Crane Controllers should complete a checklist for each machine.
- 1.2 Machine Controllers should complete the first two pages and Crane Controllers should complete all three pages.
- 1.3 Completed checklists are subject to audit and should be retained by the POL holder for a minimum period of four years.
- 1.4 POL holders may use their own versions of the checklist but should retain the general format for consistency across the industry. Where the POL holder deems it necessary to add questions then the numbering of the questions in the sample checksheet should be retained.
- 1.5 Checksheets should be supplied to the MC/CC with the planned machine's unique ID No. entered on the form so that if a different machine is supplied to site the MC/CC will be aware of the need to double-check that it can perform the intended duties within the limits of any site constraints.

Part A - Machine Controller Checklist RRV/RMMM

Note:- If not undertaking lifting operations only complete pages 1 and 2.

If undertaking lifting operations complete 1 to 3. Use page 2 for shift changeover (up to 3 shifts total).

Machine Controller Details				
Name		PTS Number		Relevant MC Expiry Date
RRV/RMMM Operator Details				
Name		C of C Number		Expiry Date
Location Details (Mileage/Signal/Point End etc)				
Possession Limits			to	
Worksite Limits			to	
Isolation Limits			to	
Lines under Possession				
Method Statement/WPP Number		Work Plan/Task Brief Number		
POL duty holder the machine is being operated under				
Machine Details				
	RRV/RMMM	Trailer 1	Trailer 2	Other
Type and make				
Unique ID No Planned				
Unique ID No Supplied *				
EAC In Date Yes/No?	Yes/No	Yes/No	Yes/No	Yes/No

Note:- * If equipment supplied is different to that planned the CC should review the equipment supplied to determine its suitability to perform the task.

Machine Controller Checklist (Machine Condition and Briefing)

Please circle the appropriate response. All answers must be **“Yes” (or “N/A” where the option is provided)** before any work is undertaken

M1	In your opinion is the operator fit for duty, sufficiently rested and equipped with suitable PPE?	Yes / No
M2	Have you sufficient competent manpower to conduct the operations in accordance with that required and specified in the Method Statement/WPP?	Yes / No
M3	If you are the COSS have you carried out a COSS briefing, or if you are not the COSS have you and the work group received a COSS briefing?	Yes / No
M4	Have you briefed the operator on the requirements of the work and the factors that may influence the work within the Method Statement/WPP?	Yes / No
M5	Have you specifically defined hazards to the operator, eg gradients and /or wet / contaminated rails that RRV's will be working on, and the likely effect these hazards may have on machine operation and any required mitigation measures?	Yes / No
M6	Have all relevant staff been briefed not to travel on Machines and Trailers except where authorised on the engineering acceptance certificate and Method Statement?	Yes / No
M7	Where used are the Trailer(s)/attachment(s) compatible with the Host Machine and the maintenance brake test in date? (Note: if not being used tick N/A)	Yes / No N/A
M8	Have you suitable arrangements in place to tackle oil spills?	Yes / No
M9	Do you have immediate access to the appropriate protection equipment as required by the Rule Book	Yes / No
M10	Are correct On and Off tracking facilities available to machines that require them and conditions compliant to any machine limitations?	Yes / No

M11	Are Possession and Protection arrangements adequate for the operations planned for the protection of the site?	Yes / No
M12	Are all overhead cables suitably identified and marked by Goal Posts etc, if required by the Method Statement/WPP? (Note: if not required or no cables answer N/A)	Yes / No N/A
M13	Are side and overhead clearances adequate?	Yes / No
M14	Is the site lighting adequate for the task to be performed?	Yes / No
M15	Has the operator completed the pre-start functional and operational checks on all the plant and is satisfied that it is safe to use?	Yes / No
M16	Have you witnessed a successful functional brake test on all the plant?	Yes / No
M17	Have height and slew limits been set as required? (If not required tick N/A)	Yes / No N/A

Action notes from previous questions

ITEM	NOTES, COMMENTS
Signature of Machine Controller	Signature of Operator
Date	

Shift Changeover Section

Complete on Shift Changeover where no changes to the check list are required

Shift Changeover 1			
M checks complete and all 'Yes' (or N/A where option is provided)	Yes / No		
L checks complete and all 'Yes' (or N/A where option is provided)	Yes / No		
Has the new Machine Controller identified himself to the current ES?	Yes / No		
Has the new Machine Operator been briefed by the MC on method of working etc.?	Yes / No		
Machine Controller Details	Name	Sentinel Number	
	Signature	Relevant MC Expiry Date	
Operator Details	Name	C of C Number	
	Signature	Expiry date	
Shift Changeover 2			
M checks complete and all 'Yes' (or N/A where option is provided)	Yes / No		
L checks complete and all 'Yes' (or N/A where option is provided)	Yes / No		
Has the new Machine Controller identified himself to the current ES?	Yes / No		
Has the new Machine Operator been briefed by the MC on method of working etc.?	Yes / No		
Machine Controller Details	Name	Sentinel Number	
	Signature	Relevant MC Expiry Date	
Operator Details	Name	C of C Number	
	Signature	Expiry date	
Note : A new check list must be completed after 3 shifts			

Note: Completed checklists must be returned to the site/project manager for retention by the POL holder

Part B - Crane Controller's Section

Please circle the appropriate response. All answers must be "Yes" (or "N/A" where the option is provided) before any work is undertaken.

L1	Are Lifting Plan(s) available?	Yes / No
L2	Does all the equipment provided meet the requirements of the lifting plan and are SWLs visible?	Yes / No
L3	a) Have you checked the equipment's lifting certification and found it to be in order?	Yes / No
	b) If the machine has an auxiliary lifting point(s) is it labelled correctly?	Yes / No N/A
	c) What is LOLER Certificate Expiry Date for crane? (Insert date →)	
L4	Have you checked the lifting attachment point(s) to ensure they are fit for use?	Yes / No
L5	Have you checked the lifting accessories and found them within examination date and fit for use?	Yes / No
L6	Have you ensured that the RCI (where fitted) is correctly functioning and switched on for the operations you are supervising? (Only tick N/A where RCI is not fitted)	Yes / No N/A
L7	Have you checked that staff involved in the lift are competent for the duties to be undertaken?	Yes / No
L8	Have you briefed the staff on the requirements of the lifting plan and the factors that may influence the lift?	Yes / No
L9	Are conditions adequate for the lift?	Yes / No
L10	Does your assessment of the load match the lifting plan including consideration of issues such as frozen ballast and track suction etc.?	Yes / No

Note:- For Tandem Lifting complete a checklist for each Machine/Operator

Signature of Crane Controller		Signature of Operator	
Date			

Staff involved in the lifting operation

NAME OF STAFF	DUTY UNDERTAKEN	EMPLOYER	Sentinel Card No

Action/notes from previous questions

ITEM	NOTES, COMMENTS

Note: Shift Changeover section on page 2

Note: Completed checklists must be returned to the site/project manager for retention by the POL holder