

NR/L2/OHS/019

RT9909

December 2010 (Side 1 of 2)

RECORD OF ARRANGEMENTS AND BRIEFING FORM

GENERAL INFORMATION									
Name of COSS/IWA		Sentinel card No.							
Date									
Nature of Work *									
Time work started				Time work finished					
Location and lines affected *									
How to contact the Signaller in an emergency *									
Lines at the site *									
Direction (any SLW etc?)									
Open or blocked? *									
Speed (line or T/ESR)									
Access and egress arrangements to / from working area *									
Hazards associated with access / egress (conductor rails tripping, vegetation, overhead cables or OLE, etc.) *									
Hazards associated with the site (conductor rails, tripping, vegetation, overhead cables or OLE, buried services, etc.) *									
Limits of the working area and how these are defined *									
Permit to work arrangements (AC or DC lines) if appropriate. If no permit to work is held electrified lines are LIVE *									
SAFE SYSTEM OF WORK									
Tick the relevant box. Only tick 'Planned' column if you have been provided with a planned safe system of work	Walking on or near the line to / from the working area		Whilst carrying out the work						
	Planned *	Actual	Planned *	Actual					
Safeguarded									
Fenced									
Site Warden Warning									
Equipment Warning - ATWS									
Equipment Warning - TOWS									
Equipment Warning - LOWS									
Lookout Warning									
Reason for change from planned safe system of work									
Name of Responsible Manager authorising the change				Signature / Authority No.					

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FENCED OR SITE WARDEN WARNING ONLY (complete as applicable) *			
Type of fence (fenced only)			
Distance from nearest open line (fenced)			
Distance between site of work and nearest open line (site warden)			
How Site Warden will give the warning			
EQUIPMENT OR LOOKOUT WARNING ONLY			
How the warning will be given *			
Location(s) of position(s) of safety			
Details of any Site Wardens, ATWS Operator or Lookouts (TOWS, LOWS, distant, intermediate, site, machine or touch)			
Name	Sentinel Card No.	Location	Role

DECLARATION. (Each member of the group to sign to confirm that they have understood the briefing)			
Signature	Sentinel Card No.	Signature	Sentinel Card No.

COSS/IWA DECLARATION. Each member of the group to sign to confirm that they have understood the briefing	
Signature	

* Where the work is pre-planned, these parts of the form should be completed before it is provided to the COSS/IWA