| ENGINEERING SUPERVISOR'S CERTIFICATE | | | | | | | | | | | | |
|--|-----------------------|----------------------|--------------------|----------|------------------------|-------------|--------------|--|--|--|--|--|
| PART A – AUTHORITY FOR ES TO ESTABLISH WORKSITE | | | | | | | | | | | | |
| Name of ES: Staff No./Employer: | | | | | | | | | | | | |
| Authority Given by PICOP (Name) | | | | | | | | | | | | |
| Line(s) Affected: UP DOWN Single Location: | | | | | | | | | | | | |
| ES Boards Placed From ES Boards Placed To (Milepost) (Milepost) | | | | | | | | | | | | |
| Signed (ES): | | Time: Date: | | | | | | | | | | |
| PART B – AUTHORITY FOR TSC TO START WORK | | | | | | | | | | | | |
| TSC 1 | Staff No/ | Location | Affected Nature of | | | | rted | | | | | |
| | Employer | | Line(s) | | work | Time | Date | | | | | |
| | | | | | | Sto. | | | | | | |
| Relieving TSC | Staff No/ Employer | Started Time Date | Relieving | g TSC | Staff No./ Employer | Sta Time | rted Date | | | | | |
| | | | | | | | | | | | | |
| TSC HANDB | ACK | <u> </u> | | | | | | | | | | |
| I certify the work is con | mpleted and the tra | | | | | Finished | | | | | | |
| instruction) and clear (all staff, plant and materials are off the line) for the passage of trains | | | | | | | Date | | | | | |
| or the work is continuir | Time | Date | | | | | | | | | | |
| Signed by TSC: | 0 | · | 0 | | | | | | | | | |
| | Staff No/ | | Affected | | Nature of | Sta | rted | | | | | |
| TSC 2 | Employer | Location | Line(s) | | work | Time | Date | | | | | |
| | | | | | | | | | | | | |
| Relieving TSC | Staff No/ | Started | Relieving TSC | | Staff No./ | | rted | | | | | |
| Kelleving 100 | Employer | Time Date | | | Employer | Time | Date | | | | | |
| | <u> </u> | <u> </u> | | | | | | | | | | |
| TSC HANDBA | | | | | | | | | | | | |
| I certify the work is con instruction) and clear (| • | , 5 | | , | | Finished | | | | | | |
| or the work is continuir | | | , . | | | Time | Date | | | | | |
| | ig millout relience | | ingenie | | | | | | | | | |
| Signed by TSC: | | | | | | | | | | | | |
| TSC 3 | Staff No/ | Location | Affected | ľ | Nature of | Sta | rted | | | | | |
| 130.3 | Employer | Location | Line(s) | | work | Time | Date | | | | | |
| | | | | | | | | | | | | |
| Relieving TSC | Staff No/ | Started Time Date | Relieving | q TSC | Staff No./ | | rted Data | | | | | |
| U U | Employer | | | | Employer | Time | Date | | | | | |
| | | | | | | | | | | | | |
| | | | <u> </u> | <u> </u> | | | | | | | | |
| I certify the work is con <i>instruction</i>) and clear (| Finis | hed | | | | | | | | | | |
| or the work is continuir | Time | Date | | | | | | | | | | |
| Signed by TSC: | | | | | | | | | | | | |
| Signed by 13C. | | | | | | | | | | | | |

| TSC 4 | Staff No/ Employer | Location | Affecte Line(s | | | Sta Time | Started Time Date | | | | | | |
|---|---------------------------|---------------------|-------------------|---------------------|------------|----------------|----------------------|--|--|--|--|--|--|
| | | | | | | | | | | | | | |
| Relieving TSC | Staff No/ | Started Time Dat | Reliev | ing TSC | Staff No./ | Sta Time | rted Date | | | | | | |
| | Employer | nme Dat | le | - | Employer | Time | Date | | | | | | |
| TSC HANDBACK | | | | | | | | | | | | | |
| I certify the work is cor instruction) and clear (| Finished | | | | | | | | | | | | |
| <i>instruction)</i> and clear <i>(all staff, plant and materials are off the line)</i> for the passage of trains or the work is continuing without reliance on the possession arrangements | | | | | | | Date | | | | | | |
| Signed by TSC: | | | | | | | | | | | | | |
| TSC 5 | Staff No/ Employer | Location | Affecte Line(s | | | | rted | | | | | | |
| | Linployer | | Line(S | , | WOIK | Time | Date | | | | | | |
| Relieving TSC | Staff No/ | Started | Reliev | ving TSC Staff No./ | | | rted | | | | | | |
| | Employer | Time Dat | e | | Employer | Time | Date | | | | | | |
| | | | | | | | | | | | | | |
| TSC HANDBACK I certify the work is completed and the track is safe (confirming technical handback per departmental Finished | | | | | | | | | | | | | |
| instruction) and clear (| Time | Date | | | | | | | | | | | |
| or the work is continui | ng without reliance | e on the possessio | n arrangemen | s | | Time | Dale | | | | | | |
| Signed by TSC: | | | | | | | | | | | | | |
| PART C – CH | ANGE OF | | | | | | | | | | | | |
| Relieving ES: | | | g ES: | Time: | | | | | | | | | |
| Staff No/Employer: | | Date: | Staff No | /Employer: | | Date: | | | | | | | |
| Relieving ES: | | Time: | Relievin | g ES: | | Time: | | | | | | | |
| Staff No/Employer: | | Date: | | /Employer: | | Date: | | | | | | | |
| PART D – NOTIFICATION OF PICOP CHANGE | | | | | | | | | | | | | |
| Relieving PICOP: | 0 | | Relieving | • | | Time: | | | | | | | |
| | | Date: Time: | | | | Date: Time: | | | | | | | |
| Relieving PICOP: | Date: Relieving PICOP: | | | | | Date: | | | | | | | |
| PART E – COMPLETION OF WORK | | | | | | | | | | | | | |
| I being the ES for the | (Pleas | e Tick) | | | | | | | | | | | |
| (A) The portion of | ains to pass. | | | | | | | | | | | | |
| (B) All marker bo | [| | | | | | | | | | | | |
| (C) Anyone rema | | | | | | | | | | | | | |
| SIGNED: | | | Time: | | Date: | | | | | | | | |

NOTE: On completion, this form must be submitted to your Supervisor/Line Manger.