

SAFE WORK PACK

PRODUCED BY PLANNER			
DATE PRODUCED			
LOCATION OF WORKS			
NATURE OF WORKS			
METHOD OF PROTECTION			
SWP REFERENCE No.			
RESPONSIBLE MANAGER		Contact No	
PERSON IN CHARGE		Contact No	
ITEM No & WORKSITE Ref			
WEEK NO & DATE(S) OF WORKS			
SHIFT CONTACT NUMBERS			
Name	Duty	Phone Number	Shift times

British Transport Police - 0800 40 50 40

THIS PACK MUST BE RETURNED TO THE PLANNER ON COMPLETION OF THE WORKS
To access.planning@ppsrail.co.uk

SWP Validation Form

Rejected	YES		NO	
Errors / Changes	YES		NO	
Cyclical	Non-Cyclical		Repeat	
SWP Ref. Week 51/52 Hooley Bridge JM01	SWP expiry date		Date & Time of Work	
Brief Description of Work				

CREATED by: Planner

I confirm this SWP has been checked and compliant with NR/L2/OHS/019, Appendix A and Form B

Planner Name:	Signature:	Date Issued:
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VERIFIED by: Person in charge

I confirm the following are appropriate for the task and included in the SWP (for guidance use Appendix C checklist). Circle **Yes** or **No** for each question, and sign the declaration below

Protection / Warning arrangements (hierarchy of control) suitable for the work, including additional protection requirements.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COSS Signature and endorsement:		
Task / Site Risk and controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Any necessary permit to work arrangements identified	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The welfare facilities have been identified and are appropriate	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If any of the above statements are answered **NO**, reject the SWP and return it to the Planner.

Comments if SWP rejected:

Name of Person in charge:	Signature:	Date:
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AUTHORISED by: Responsible Manager

Complete as part of review/discussion with person in charge. Circle **Yes** or **No** for each question, and sign the declaration below.

Work content is understood by the person in charge	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Necessary competence within team to undertake task	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Task risk and any specific controls are suitable and sufficient	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The appropriate hierarchy of Safe System of Work has been selected	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Any additional specific controls identified (Including Runaway Risk)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The welfare facilities have been identified and are appropriate	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Responsible Manager's authorisation and confirmation this SWP is complete, and includes any specific additional information required to manage risk on site (cannot be the same person as the verifier). If any of the above statements are answered **NO**, reject the SWP.

Print Name:	Signature or Authority Number:	Date:
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ACCEPTED by: Person in charge on site

Person in charge, at the site of work completes this section. Endorse declaration below.

I Accept / Reject this SWP (Please circle) – (This section must be completed on site)

If rejected, detail briefly change(s) needed:

General comments:

Person in charge (Name):	Signature:
Date:	Site Location:

SWP Ref.	Date & Time of Work	Brief Description of work
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Risks identified and controls to be applied (Not applicable where task briefing sheets are included)

Specific Risk Requiring Control	Control to be applied	Person in charge /RM Initials	Control Delegated to: (name)	Acceptance of Control by:
Operational Risks	GE/RT8000 Rule Book Modules			

Runaway Risk analysis

Question	Answer	Comment
Are the works taking place on or near the line?	No	No Further Action Required
Could your work potentially Lead to a Runaway? I.e. involve the use of equipment subject to Runaway and control requirements (Trolleys, Trailers, Manually propelled rail handling equipment)		If Yes Have Control Measures been identified in the SWP
Are my works within a Possession or adjacent to a Possession?		
Are my works on a gradient steeper than 1 in 100 or is there a gradient within 5 miles of my works?		
Is the site of work at risk of a runaway from another site		If Yes Have Control Measures been identified in the SWP

Responsible Manager and PIC or Site Manager review of Runaway Risk Review

(RM)	
(PIC/Site Manager)	

APPENDIX A

Contents of Safe Work Pack (Can be used as aide memoir by planners or COSS (Not mandatory requirement))

Please Tick the appropriate box in response to each question		Yes	No	NA
Task /Site Risk Controls	Safe Work Pack Validation Sheet	✓		
	Task Risk Information and Controls (relevant extracts from TRCS ,WPP ,TBS)			
	Site (location) Risk information and controls (Eg ALO , Runaway risks)			
	Permits (Lifting Plans , Electrical , Isolation ,Hot works ,Confined Spaces)			
	Welfare Arrangements and their location			
Please Tick the appropriate box in response to each question		Yes	No	NA
Operational Risk Controls	RT9909			
	NR3180 (Mandatory for Line Blockages)			
	Possession arrangement details , including protection / warning systems			
	Access and Egress information including walking to and from site			
	Sectional Appendix diagrams for the entire mileage			
	Relevant Hazards for the entire mileage obtained from the Hazard Directory			
	Correct protecting signals shown (Mandatory for Line Blockage and Possessions)			
	Emergency Arrangements including First aid			
	Nature of the work clearly described			
	Start and End mileage shown			
	ALL the lines for the work location shown not just those being worked on (Mandatory)			
	Each line showing whether blocked or open (Mandatory)			
	Planning Reference number identified (e.g. SSOWPS number, work reference no.)			
	GZAC Reference number identified (when appropriate)			
	WON item included (Mandatory if published Line Blockage or Possession)			
relevant PICOP pack (where appropriate for Possessions)				
This Safe Work pack check was carried out by :				
Name		Role		
Date		Location		

Form B

Date(s) of Work:		Time of Work:	
Location:		SWP Ref No:	

The following safe systems of work are organised in priority order. Each should be considered with the highest achievable system consistent with the nature, location and duration of the work to be selected. Following selection of the SSOW the Responsible Manager must sign the 'Form B' authorisation

If a safe system of work **IS** selected, tick the **YES** box next to the system.

S.S.O.W: 1 to 3.

If S.S.O.W protection between **1 & 3 IS NOT** selected, tick the **NO** box next to the method **AND** provide an explanation in the box below - then consider the next method. If none of the methods of protection can be selected proceed to warning systems (methods **4 to 7**)

Hierarchy of control for operational risks (Protection)		SELECTED	
		YES	NO
1	Safeguarded <i>If this method is NOT selected, please give reasons here.</i> Not Required		✓
2	Fenced <i>If this method is NOT selected, please give reasons here.</i> The time required to erect and dismantle fencing is disproportionate		
3	Separated <i>If this method is NOT selected, please give reasons here.</i>		

Warning Systems 4 to 8

Supplementary questions A, B; C & D must be answered before using warning systems 4 to 8. If the answer to any of the supplementary questions is **YES** - **THEN WORK MUST BE PLANNED USING METHODS 1 TO 3**. If **all** of the questions are answered **NO**, continue to methods **4 to 8**.

SUPPLEMENTARY QUESTIONS for 4 to 6		YES	NO
A	Is the line speed greater than 125mph (200kph)? (Answer NO if a temporary or emergency speed restriction to 125mph (200kph) or less applies)?		
B	Does the total warning time required exceed 45 seconds?		
C	Are there three or more lines open to traffic between the site of work and the designated position(s) of safety?		
D	Does the Network Rail Hazard Directory prohibit 4 to 6 working at this location?		

If a safe system of work **IS** selected, tick the **YES** box next to the system.

If S.S.O.W protection between **4 & 7 IS NOT** selected, tick the **NO** box next to the method **AND** provide an explanation in the box below - then consider the next method. If none of the methods of warning can be selected proceed to working with unassisted lookout method 8 as a last resort

Hierarchy of control for operational risks (Warning)		SELECTED	
		YES	NO
4	Warning System Permanent (LewiS, ATWS, SATWS) <i>If this method is NOT selected, please give reasons here.</i>		
5	Train Operated Warning System (TOWS), supplemented where necessary by other warnings <i>If this method is NOT selected, please give reasons here.</i>		
6	Human Activated Equipment (LOWS) <i>If this method is NOT selected, please give reasons here.</i>		
7	Warning Systems Portable (ATWS , SATWS) <i>If this method is NOT selected, please give reasons here.</i>		

Working with warning given by one or more Lookout(s) (Method 8)

Warning by one or more Lookout(s) is regarded as the last resort. If work is to be carried under these conditions with warning given by one or more Lookout(s), the following Supplementary questions must be answered, with warning given by one or more Lookout(s) If the answer to any of the questions is **YES**, alternative Safe System of Work must be selected. If all of the questions are answered **NO**, tick the **YES** box next to the method and complete the Authorisation section at the foot of the form.

UNASSISTED LOOKOUT QUESTIONS		YES	NO
E	Are more than two lookouts (excluding site and touch lookouts) required to provide warning of trains approaching from any one direction?		
F	Are more than four lookouts (excluding site and touch lookouts) required to provide warning of trains approaching from any all directions?		
G	Is the sighting distance that can be achieved with lookouts insufficient to provide the warning time required?		

SAFE SYSTEM OF WORK		SELECTED	
		YES	NO
8	Lookout Warning		

RECORD OF ARRANGEMENTS AND BRIEFING FORM

GENERAL INFORMATION *where the work is pre-planned, these parts of the form should be completed before it is provided to the SWL/COSS/IWA.				
Name of SWL/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				
Phone Number of Electrical Control Room				
Lines at the Site*				
Direction (any SLW etc?)				
Open or Blocked*				
Speed (Line or T/ESR)				
Site Key Risks and Control Measures * eg ALO and Runaway Risks				
Task Key Risks and Controls* (Include Risks from Other parties)				
Permits Required (Lifting Plans , Electrical , Isolation ,Hot works ,Confined Spaces)				
Welfare Arrangements and their location*				
First Aid Arrangements*				
Access & Egress Arrangements to/from working area *				
Hazards associated with access/egress (conductor rails, tripping, vegetation, overhead cables or OLE, etc.)*	Also See Hazard Directory & Task Briefs			
Hazards associated with the site (conductor rails, tripping, vegetation, overhead cables or OLE, etc.)*	Also See Hazard Directory & Task Brief			
Limits of the working area and how these are defined*				
SAFE SYSTEM OF WORK				

Tick the relevant box. Only tick the "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
1 Safeguarded				
2 Fenced				
3 Separated	✓		✓	
4 Warning System Permanent				
5 Warning System Train operated				
6 Warning System Human activated				
7 Warning System Portable				
8 Lookout Warning				
Reason and authority for change from planned safe system of work				
Name of Responsible Manager authorising the change.			Signature/ Authority no	

1 to 3 WORKING ONLY (complete as applicable) *			
Type of Fence (fenced only)			
Distance from the Line (fenced only)			
Separation distance (Site Warden only)			
How Site Warden will give the warning			
4 to 8 WORKING ONLY			
How the warning will be given*			
Location(s) of position(s) of Safety			
Details of any use of Site Wardens, ATWS Operator or Lookout(s) , First Aiders, Banksmen (TOWS, LOWS, Pee Wee, Distant, Intermediate, Site, Machine or Touch)			
Name	Sentinel Card No.	Location/Position	Role
DECLARATION (Each member of the group to sign and confirm they have been briefed and understand the safe system of work arrangements to be implemented and the Site and Task risks briefed contained within this Safe Work Pack)			
Name & Signature	Sentinel Card No.	Name & Signature	Sentinel Card No.
SWL/COSS/IWA DECLARATION. I have made the above arrangements and am satisfied that all members of the work group understand the safe system of work.			
Name & Signature			
SWL/COSS/IWA MUST identify how he/she has verified & confirmed his/her location			
I have relieved the above SWLCOSS/IWA and I am satisfied with the safe system. I have re-briefed the work group and am satisfied that all members of the work group understand the safe system of work.			
Name & Signature		Name & Signature	

Task Risk Sheet for work adjacent to others

This sheet must be completed for each independent work activity by the subsidiary work organisation to allow discussions regarding interface risks and controls between work areas. It is to be completed by the relevant organisation and supplied to the lead worksite owner to enable DE confliction to occur.

Lead Work Organisation		Subsidiary Work Organisation	
PPS Ref		Start Date & Time of Work	
Location		End Date & Time of Work	
ELR		Mileage to and from	
Lines affected			
Brief Description of work			
A	Risks my work imposes on others and controls: (eg exclusion zones, Runaway etc).	B	Electrical risks: (eg AC isolation required)
C	Operational: (eg adjacent line open, TSR etc)	D	Environmental risks: (eg Asbestos)
Notes to subsidiary work owner from deconfliction meeting: Risks imposed by others on my work group or other important information			

Name of subsidiary work organisation contact:	Contact details:
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The information on this form is to be considered by the subsidiary work owner prior to verification to ensure all task and site risks are identified and appropriately managed.