

Work-site Certificate

RT3199

December 2025 (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 separate 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)	Start	
Line affected			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Level Crossing	#	Arranged	Withdrawn	Level Crossing	#	Arranged	Withdrawn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, OD 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, OD 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/Date			Time/Date

PICOP's authority to allow work to start at:	Time	Date	PICOP's initials
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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

Section 3 Giving up the work site

PICOPs permission requested to remove WSMBs	Signature of ES	Work completed, portion of line clear and safe for trains to run	Certificate to be handed to PICOP or PICOP advised at
Time/Date		Time/Date	Time/Date
Work site given up with train standing at signal		Train	Signal
Time/Date		Number	Number

IWA/COSS Print name	IWA/COSS Phone number	Employer	Limits of site of work	Nature of work to be undertaken by IWA/COSS	Safe system of work in use	Authority to start work given to IWA/COSS	IWA/COSS confirms work completed and protection no longer needed	IWA/COSS Print name
IWA/COSS Signature								IWA/COSS Signature (If present)
						Authority No	Authority No	
						Time/Date	Time/Date	
						Authority No	Authority No	
						Time/Date	Time/Date	
						Authority No	Authority No	
						Time/Date	Time/Date	
						Authority No	Authority No	
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