This form certifies that the overhead line equipment (OLE) including return conductors, booster transformers and autotransformer feeders, are electrically isolated where necessary and earthed, and constitutes a Permit-to-Work on or near these.

**WARNING** – THE ISSUE OF THIS **OVERHEAD LINE PERMIT** DOES NOT MEAN THAT TRAIN MOVEMENTS ARE STOPPED ON THE LINES CONCERNED, AND WHERE NECESSARY SUCH ARRANGEMENTS SHALL BE MADE IN ACCORDANCE WITH THE RULE BOOK GE/RT8000.

|  |
| --- |
| **PART 1 – OVERHEAD LINE PERMIT – IMPLEMENTATION** |
| **The planned works are identified as ESSOW Category A\* / Category B\* / RC Authority only\*** |

**\*Delete as appropriate**

***Note – The work shall be identified as ESSOW Category A, B or RC Authority only. It cannot be identified as more than one.***

Part 1 certifies that the identified Overhead Line Equipment including Return Conductors, Booster Transformers and Autotransformer Feeders, are electrically Isolated and Earthed, and constitutes a Permit to Work on or near these.

|  |  |
| --- | --- |
|  | **Details** |
| **Planned Task:** |  |
| **Task Delivery Method:** |  |
| **Access/Egress Details:** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Issued to** |  | **(name)** |  | **(Sentinel no.)** |  | **(employer)** |

The following equipment is Isolated and Earthed:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Equipment** | **OLP along-track limits** | | **Line(s) / ATF(s)** | **Remarks** |
| **At / from structure** | **To structure** |
| **Overhead Line Equipment (Excluding ATF, BT, RC)** |  |  |  |  |
| **Autotransformer Feeders (ATF)** |  |  |  |  |
| **Booster Transformers (BT)** |  |  |  |  |
| **Return Conductors (RC)** |  |  |  |  |
| **Other Equipment**  **(Inclusive of across-track limits)** |  |  |  |  |
| When in receipt of this OLE permit, prior to any person, tool or item of equipment coming within 600mm of the equipment listed, test before touch actions shall be conducted in accordance with NR/L3/ELP/27720.  Tests shall take place at a minimum of 3 m along the conductor from OLE structure and / or in line insulation where there is sufficient conductor length. Where 3 m is not possible a resistive voltage testing device shall be used.  **As the COSS (OLP), I understand these conditions and who will complete all required test before touch testing.**   |  |  | | --- | --- | | **Signature COSS (OLP)** |  |   All other overhead line equipment (OLE) including return conductors, booster transformers and autotransformer feeders shall be treated as LIVE and DANGEROUS and shall neither be touched nor approached. | | | | |

|  |
| --- |
| Provide details of the Residual Electrical Hazards that remain within the OLP along-track limits stated on **THIS** Overhead Line Permit below and the Overhead Line Permit along-track limits and list the Electrical Risk Control Measures associated.    *Where appropriate attach drawings and diagrams to identify specific Residual Electrical Hazards and/or Overhead Line along-tack limits.* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Residual Electrical Hazard detail:** | **Location of Residual Electrical Hazard:**  *(structure number, line(s) from/to/at etc)* | **Type of Electrical Risk Control Measure Implemented:** | **Location of Residual Electrical Risk Control Measure:**  *(structure No, line(s) from/to/at etc)* | **Additional Remarks:**  *(Flashing or static light, delineation details etc)* |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

In the event of incident response, all train and locomotive pantographs and roof-mounted equipment have been isolated and earthed – **Yes / No\*** by a **Designated Person / Traction Fitter / Train Driver\*** trained in the isolation, earthing & securing of the pantograph and roof mounted equipment. (*\*Delete as appropriate)*

|  |  |  |
| --- | --- | --- |
|  | (name) | Designated Person/Train Fitter/Train Driver\* |

(*\*Delete as appropriate)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| This **Overhead Line Permit** is to be cancelled not later than |  | hours, on |  | Date |

I have witnessed the COSS (OLP) / Designated Person reading aloud or otherwise demonstrating their understanding of the Electrical Risk Control Measures that have been implemented and I am confirming that they understand the contents of the **Overhead Line Permit**.

**Issued by**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | (name) |  | | (signature) | |  | | (contact number) | | |
| ***Nominated Person*** |  | Message no | |  | Date |  | |  | |  |  |

I undertake to confirm that all persons for whom I am responsible fully understand the extent of the isolation, the OLP along-track limits, the implemented Electrical Risk Control Measures associated with any residual electrical hazards before work commences.

I understand that some Residual Electrical Hazards might have Electrical Risk Control Measures other than Reminder of Live Exposed equipment associated with them.

**Received by**

|  |  |  |  |
| --- | --- | --- | --- |
|  | (name) |  | (signature) |

***COSS (OLP)***

|  |
| --- |
| **PART 2 – RELIEF** |

**Relief Nominated Person**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Relief of Nominated Person** | 1st Relief | 2nd Relief | 3rd Relief | 4th Relief |
| Name (current holder) |  |  |  |  |
| Name (relief) |  |  |  |  |
| Contact number (relief) |  |  |  |  |
| Cert no (relief) |  |  |  |  |
| Date and time relieved |  |  |  |  |
|  | 5th Relief | 6th Relief | 7th Relief | 8th Relief |
| Name (current holder) |  |  |  |  |
| Name (relief) |  |  |  |  |
| Contact number (relief) |  |  |  |  |
| Cert no (relief) |  |  |  |  |
| Date and time relieved |  |  |  |  |

**Relief COSS (OLP)**

I have been briefed by the Nominated Person on the conditions outlined in Part 1 and I fully understand the brief and I shall complete my details below.

I am now in charge of the work under this **Overhead Line Permit.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Relief of Permit Holder** | 1st Relief | 2nd Relief | 3rd Relief |
| Name (current holder) |  |  |  |
| Name (relief) |  |  |  |
| Signature (relief) |  |  |  |
| Certificate number (relief) |  |  |  |
| Briefing NP’s name |  |  |  |
| Date and time NP brief received |  |  |  |
|  | 4th Relief | 5th Relief | 6thRelief |
| Name (current holder) |  |  |  |
| Name (relief) |  |  |  |
| Signature (relief) |  |  |  |
| Certificate number (relief) |  |  |  |
| Briefing NP’s name |  |  |  |
| Date and time NP brief received |  |  |  |

|  |
| --- |
| **PART 3 – CANCELLATION** |

The work for which this **Overhead Line Permit** was issued has been completed. All persons for whom I am responsible and all materials are clear of the Overhead Line Equipment including Return Conductors, Booster Transformers and Autotransformer Feeders.

They have been instructed that the Overhead Line Equipment, including Return Conductors, Booster Transformers, shall now be treated as LIVE and DANGEROUS.

I hereby return my **Overhead Line Permit**. The Overhead Line is \*fit for the passage of electric traction / \*not fit for the passage of electric traction / \*other (if other, describe below). (*\*delete as appropriate)*

|  |
| --- |
|  |

Confirmed by:  (Name) (Signature) Date…………………... Time……….

***COSS (OLP)***

Received by: (Name) (Signature) Date…………………..…Time………...

***Nominated Person***