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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NR/L3/ELP/SAI25/X/GBSIP/STED  Issue 1  03/06/2023 | |  | | | |  |  | |
| **FORM** |  | **NETWORK RAIL** | | | |  |  | |
| **GBSIP STED** |  |  | | | |  |  | |
| Part 1 |  | **SWITCHING, TESTING & EARTHING DETAILS** | | | |  |  | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| To (Authorised Person) | | |  | From (Nominated Person) |  | | |
| Contact No. | | |  | Contact No. |  | | |
| Date & Time | | |  | Date & Time |  | | |
| Signature | | |  | Signature |  | | |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**❑ SWITCHING:**

Operate the following Lineside disconnector (s) under direction of the Electrical Control Operator and apply Caution Notices

|  |  |  |  |
| --- | --- | --- | --- |
| Location  (Structure Number) | Switch Number | Remarks | Switch Operation |
|  | **/** |  |  |
|  | **/** |  |  |
|  | **/** |  |  |
|  | **/** |  |  |
|  | **/** |  |  |
|  | **/** |  |  |
|  | **/** |  |  |
|  | **/** |  |  |
|  | **/** |  |  |
|  | **/** |  |  |

**❑ SECURE:**

Apply / Remove GBSIP locks under the direction of the Nominated Person.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| GBSIP locks I/D numbers issued: | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Location  (Structure Number) | Switch Number | Remarks | GBSIP Lock Applied (Y) | Time | GBSIP Lock  Removed (Y) | Time |
|  | **/** |  |  |  |  |  |
|  | **/** |  |  |  |  |  |
|  | **/** |  |  |  |  |  |
|  | **/** |  |  |  |  |  |
|  | **/** |  |  |  |  |  |
|  | **/** |  |  |  |  |  |
|  | **/** |  |  |  |  |  |
|  | **/** |  |  |  |  |  |

**STED (continued) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**❑ TEST:**

**NETWORK RAIL LIFE SAVING RULE “ALWAYS TEST BEFORE APPLYING AN EARTH OR STRAP”**

Testing will take place at all Locations where earths are to be applied as specified by Module 7 Clause 10

Testing shall be conducted a minimum of 3m along the conductor from OLE structures and/or in-line insulation where there is sufficient conductor length. Where 3m is not possible a resistive voltage testing device shall be used.

Tick to confirm Authorised Person fully understands these conditions

**Permission to Test, Apply Local Earths and Reminder of Live Exposed Equipment.**

**Date & Time: ………………………………………………………………….**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**❑ EARTHING:** - Circuit Main Earths or Additional Earths to be applied or removed as directed by the Nominated Person

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Location  (Structure Number) | Line(s) | Circuit Main Earth (CME) Or Additional Earth (AE) | Applied | Removed | Remarks |
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|  |  |  |  |  |  |
| *Total number of Earths required* | |  |  | | |

|  |  |  |
| --- | --- | --- |
| Earths shall be counted in and out before cancelling Form B and leaving site: | **Total Earths applied** |  |
|  |  |
| **Total Earths removed** |  |

**STED (continued)**

**❑ ELECTRICAL RISK CONTROL MEASURES**– Reminder of Live Exposed (RoLE) equipment to be applied or removed as directed by the Nominated Person

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Location  (Structure Number) | Line(s) / ATF / RC | Reminder of Live Exposed Equipment Type | Applied | Removed | Remarks  (Static / Flashing light, Inspection Frequency) |
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| *Total number of reminder of live exposed equipment required* | |  |  | | |

|  |  |  |
| --- | --- | --- |
| RoLE equipment shall be counted in and out before cancelling Form B and leaving site: | **Total number of RoLE equipment applied** |  |
|  |  |
| **Total number of RoLE equipment removed** |  |
|  |  |  |

**❑ ELECTRICAL RISK CONTROL MEASURES**– Direct Supervision as directed by the Nominated Person

|  |  |  |  |
| --- | --- | --- | --- |
| Location  (Structure Number) | Line(s) / ATF / RC | Residual Electrical Hazard (REH) | Remarks  (Duration to Supervise REH etc) |
|  |  |  |  |
|  |  |  |  |

I confirm that all Earths and Electrical Risk Control Measures listed above have been removed and accounted for.

|  |  |  |  |
| --- | --- | --- | --- |
| From  (Authorised Person) |  | To  (Nominated Person) |  |
| Date & Time |  | Date & Time |  |