|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 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:** |

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.