|  |  |  |  |
| --- | --- | --- | --- |
| **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.