

REQUEST TO WORK FORM

COMPANY NAME

APPLICANT NAME

DATE OF
APPLICATIONAPPLICANT
CONTACT NUMBER

PIC NAME

PICOP NAME

PIC CONTACT
NUMBERPICOP CONTACT
NUMBER

ACCESS REQUIREMENTS FOR MAIN LINE

WORK LOCATION
BETWEEN

AND

WORK START DATE

WORK END DATE

WORK START TIME

WORK END TIME

DESCRIPTION OF WORK

IS AN ENGINEERING POSSESSION REQUIRED?

YES

NO

PLEASE PROVIDE WRITTEN DETAILS OF THE ENGINEERING POSSESSION REQUIRED:

IS AN ISOLATION OF THE OHL OR ELECTRICAL SUPPLY REQUIRED?

YES

NO

PLEASE PROVIDE WRITTEN DETAILS OF THE ISOLATION REQUIRED:

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IF ANY PLANT IS NEEDED, PLEASE STATE ACCESS POINT REQUIREMENTS

PRIESTFIELD	DEPOT	HANDSWORTH COMPOUND
SWAN LANE		SNOW HILL

PLEASE STATE EGRESS POINT REQUIREMENTS

PRIESTFIELD	DEPOT	HANDSWORTH COMPOUND
SWAN LANE		SNOW HILL

COULD THE WORK BE DISRUPTIVE TO THE SERVICE?

(Please note disruptive permits are to be submitted with 12 weeks notice)

YES NO

DOES THE REQUEST INVOLVE WORK ON ANY BUILDING WITH SUPPORTING ATTACHMENTS TO THE OVERHEAD WIRES?

YES NO

DOES THE WORK INVOLVE ANY OF THE FOLLOWING:

WORK THAT WILL CAUSE A MASS TRIP OF THE ELECTRICAL SUBSTATIONS

YES NO

PILING

YES NO

EXCAVATION

YES NO

ERECTING/DISMANTLING OF SCAFFOLDING

YES NO

USE OF CRANE OR LOAD SUSPENSION EQUIPMENT

YES NO

PLEASE STATE PLANT/EQUIPMENT/TOOLS TO BE USED FOR THE WORK

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KEY STAGES OF PLANNED WORKS (general overview)

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ARE ANY OF THE FOLLOWING MML RESOURCES REQUIRED TO SUPPORT YOUR WORK:
(EXTRA CHARGES APPLY)

PERMANENT WAY TECHNICIAN	YES	NO
OVERHEAD LINE TECHNICIAN	YES	NO
SIGNALLING & TELECOMMUNICATION TECHNICIAN	YES	NO
ELECTRICAL TECHNICIAN	YES	NO
CIVILS OPERATIVE	YES	NO
PIC	YES	NO
PICOP	YES	NO
SWITCHING TEAM	YES	NO
TEST TRAM	YES	NO
PRE/POST WORK SURVEY	YES	NO

PLEASE PROVIDE MORE DETAILS ABOUT THE RESOURCES REQUIRED

ARE DETAILED SITE SPECIFIC RAMS ATTACHED TO THIS DOCUMENT?
IF NOT, THIS APPLICATION WILL BE REJECTED

YES NO

HAVE YOU SIGNED A COPY OF THE MML'S CODE OF PRACTICE WORKING ON OR
NEAR THE METRO SMS 1.0.20?

YES NO

PLEASE DETAIL ANY OTHER PERTINENT INFORMATION REGARDING YOUR APPLICATION

I confirm that all information provided in this application and the attached Risk Assessment and Method Statement (RAMS) is accurate and complete. I understand that any false statements or omissions may lead to the denial of a permit or subsequent revocation.

I acknowledge that the work will comply with all relevant regulations and safety standards. Furthermore, I assure that the scope of work will be strictly confined to the details outlined in this request, with no unauthorised expansions or modifications.

I understand that submitting a request to work does not automatically guarantee the permit. I must receive written confirmation from the planning office to ensure that my permit has been approved.

APPLICANT'S PRINT NAME

APPLICANT'S SIGNATURE

PLANNING OFFICE USE ONLY

PERMIT AUTHORISED BY

DATE

ASSOCIATED DOCUMENTS MML

MML REF. NO.

PERMIT TO WORK NO.

SWITCHING PROGRAMME NO.

POSSESSION AUTHORITY NO.

ISOLATION SHEET NO

MML REF. NO.

PERMIT TO WORK NO.

SWITCHING PROGRAMME NO.

POSSESSION AUTHORITY NO.

ISOLATION SHEET NO

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PERMIT TO WORK NO.

SWITCHING PROGRAMME NO.

POSSESSION AUTHORITY NO.

ISOLATION SHEET NO

ATTACHMENTS