RECORD OF ARRANGEMENTS AND BRIEFING FORM

GENERAL INFORMATION										
Name of COSS/IWA				Sentinel card No.						
Date										
Nature of Work *										
Time work started			Time work finis			shed				
Location and lines affected *						•				
How to contact the Signaller in an emergency *										
Lines at the site *										
Direction (any SLW etc?	?)									
Open or blocked? *										
Speed (line or T/ESR)										
Access and egress arrangements to / from working area *										
Hazards associated with access / egress (conductor rails tripping, vegetation, overhead cables or OLE, etc.) *										
Hazards associated with the site (conductor rails, tripping, vegetation, overhead cables or OLE, buried services, etc.) *										
Limits of the working area and how these are defined *										
Permit to work arrangements (AC or DIf no permit to work is held electrified li										
Hierarchy of control										
Tick the relevant box. Only tick 'Planned' column if you have been provided with a planned safe system of work			Walking on or near the line to / from the working area				Whilst carrying out the work			
		Pla	anned *	Actual		Planned *		Actual		
Safeguarded										
Fenced										
Separated										
Warning System - Permanent										
Warning System - TOWS										
Warning System – Human activated		d								
Warning Systems - Portable										
Lookout Warning										
Reason for change from planned safe system of work										
Name of Responsible Manager authorising the change					Signature / Authority No.					

FENCED OR SEPARATED (complete as applicable) *									
Type of fence (fenced only)									
Distance from nearest open line (fenced)									
Distance between site of work and nearest open line (separated)									
How the warning will be given									
WARNING SYSTEMS OR LOOKOUT WARNING ONLY									
How the warning will be given *									
Location(s) of position(s) of safety									
Details of any Site Wardens (Separated), ATWS Operator or Lookouts (TOWS, LOWS, distant, intermediate, site, machine or touch)									
Name	Sentinel Card	No.	Location	Role					
	L								
DECLARATION. (Each member of the group to sign to confirm that they have understood the briefing)									
Signature	Sentinel Card	No.	Signature	Sentinel Card No.					
	L								
COSS/IWA DECLARATION. Each member of the group to sign to confirm that they have understood the briefing									
Signature									

^{*} Where the work is pre-planned, these parts of the form should be completed before it is provided to the COSS/IWA