



Authorisation for changes to Working Hours / Shifts

Work description

Form to be completed before allowing employees to work hours/shifts that exceed guidelines in Network Rail Standard NR/SP/ERG003 (Control of excessive working hours for persons undertaking safety critical work).

A copy of this form must be forwarded to Seaton Rail Head Office

Employees Affected

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Type / Volume of Exceedance

More than 13 consecutive shifts	<input type="checkbox"/>	Less than 12 hours rest period between shifts	<input type="checkbox"/>
More than 72 hours in 7 days	<input type="checkbox"/>	More than 12 hours per shift	<input type="checkbox"/>
Actual hours / shifts worked thus far	_____	Anticipated exceedance	_____
When staff are back within the permitted work pattern limits	Date	_____	Time
		_____	_____

Exceptional Circumstances

Adverse weather	<input type="checkbox"/>	Equipment Failure	<input type="checkbox"/>	Incident / Accident	<input type="checkbox"/>
Overrunning Eng. Works	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>	Unforeseen staff shortage causing significant operational disruption	<input type="checkbox"/>

Alternative Options (subject to site being left safe)

Suspend works	<input type="checkbox"/>	Reducing manning	<input type="checkbox"/>	Relief by supervisor	<input type="checkbox"/>	Relief by Alternative team	<input type="checkbox"/>
Reason relief could not be provided							
Late relief	<input type="checkbox"/>	Training	<input type="checkbox"/>	Engineering works	<input type="checkbox"/>	Leave requirements	<input type="checkbox"/>
Emergency leave	<input type="checkbox"/>	Major incident	<input type="checkbox"/>				

Items to be considered when undertaking the risk assessment:

Judgement	<input type="checkbox"/>	Lack of concentration	<input type="checkbox"/>	Reaction times	<input type="checkbox"/>
Perception of risk	<input type="checkbox"/>	Physical fatigue	<input type="checkbox"/>	Lack of dexterity	<input type="checkbox"/>
Mental fatigue	<input type="checkbox"/>	Perception of distance	<input type="checkbox"/>	Ability to undertake manual tasks	<input type="checkbox"/>
Other hazards e.g. weather _____					
Are the individuals fit & prepared to work			<input type="checkbox"/>	Have additional rest breaks been agreed	
				<input type="checkbox"/>	
Signature of individual(s) _____					
Control Measures & Comments _____					

On Call Manager Name	_____	Authorisation Date / Time	_____
Site Agent Name:	_____	Signed	_____