

Possession Arrangements Form

RT3198

December 2020 (Side 1 of 2)

Section**1****Possession details**

Name of PICOP		Signal box	
Employer		Panel/workstation	
WON item No (if applicable)		Phone number	
Line to be blocked		Possession limits (Mileage)	From
			To
Protecting signals to be kept at danger		Agreed location of detonator protection	

Possession to be taken around train standing at signal

Train number								
At signal								

Section**2****Protection arrangements**

Detonator Protection		Placed	Withdrawn	Detonator Protection		Placed	Withdrawn
PLB/dets beyond these signals/ points		Time	Time	PLB/dets on approach to these signals/ points		Time	Time
		Date	Date			Date	Date
		Time	Time			Time	Time
		Date	Date			Date	Date
		Time	Time			Time	Time
		Date	Date			Date	Date

Token issued	Time	Date	Token returned	Time	Date
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Points		Secured	Un-secured	SPRS		Operated	To normal
Points to be secured		Time	Time	SPRS operated at these signals		Time	Time
		Date	Date			Date	Date
		Time	Time			Time	Time
		Date	Date			Date	Date

Section**3****Level crossing arrangements**

Level Crossing	#	Arranged	Withdrawn	Level Crossing	#	Arranged	Withdrawn
		Time	Time			Time	Time
		Date	Date			Date	Date
		Time	Time			Time	Time
		Date	Date			Date	Date

In the # column enter -

N	If there is normal working at the crossing	A	If an attendant is required throughout (at AHBC, CCTV, OD or RC crossings)	E	If the road signals/sirens/bells are switched off (at ABCL or AOCL crossings)	Q	If an attendant is required some of the time (at AHBC, CCTV, OD or RC crossings)
W	If wrong direction movements must be cautioned (at crossings worked by the signaller/crossing keeper or those with white lights) or stop before crossing (at crossings with red/green lights)	C	If all movements must be cautioned (at crossings worked by the signaller/crossing keeper or where red/green lights have been switched off)				

Possession granted at:	Time	Date	Signaller's initials
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Section

4

Record of work**Work sites**

Site No.	Work site limits (mileage)	Authority given	Work completed
	Start	Time	Time
	End	Date	Date
	Start	Time	Time
	End	Date	Date
	Start	Time	Time
	End	Date	Date
	Start	Time	Time
	End	Date	Date
	Start	Time	Time
	End	Date	Date
	Start	Time	Time
	End	Date	Date
	Start	Time	Time
	End	Date	Date
	Start	Time	Time
	End	Date	Date

ES or SWL

Site No.	Name of ES or SWL (or relief)	Phone number	Start of duty
			Time/Date
			Time/Date
			Time/Date
			Time/Date
			Time/Date
			Time/Date
			Time/Date
			Time/Date
			Time/Date
			Time/Date
			Time/Date
			Time/Date
			Time/Date
			Time/Date

Section

5

IWA/COSS/SWL using possession arrangements outside a work site

Name of IWA/COSS/SWL	Phone number	Employer	Authority given at	Work completed at
			Time/Date	Time/Date
			Time/Date	Time/Date
			Time/Date	Time/Date
			Time/Date	Time/Date
			Time/Date	Time/Date

Section

6

Change of PICOP

Name of new PICOP	Employer	Start of duty	Name of new PICOP	Employer	Start of duty
		Time			Time
		Date			Date
		Time			Time
		Date			Date
		Time			Time
		Date			Date
		Time			Time
		Date			Date

Work site/possession to be given up with train standing at signal	Train	Number	At signal	Number

Possession given up at:	Time	Date