PILOTMAN'S FORM FOR WORKING OF CBTC LINES TO AND FROM A POINT OF OBSTRUCTION

(Form referred to in COS P2)

Location ..... Date ___/___/___
day month year

In connection with working of trains to and from the point of obstruction

I _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ have been appointed by ..... to act as Pilotman
(name) (signaller name)

between ..... and .....

The COS P2 instructions WORKING TO OR FROM THE POINT OF OBSTRUCTION BY PILOTMAN will apply.

This information has been dictated to the following signallers:

Signal Box Form Dictated	Name of Signaller	Time (hh:mm)
_ _ _ _ _ _ _ _ _ _ _ _	_ _	_ _ : _ _
_ _ _ _ _ _ _ _ _ _ _ _	_ _	_ _ : _ _
_ _ _ _ _ _ _ _ _ _ _ _	_ _	_ _ : _ _

ALL SIGNALLERS ADVISED THAT WORKING BY PILOTMAN STARTED AT _ _ : _ _ (hh:mm) ___/___/___
day month year

Signed _
(Pilotman)

Points ..... Have been set by points operator/RSA

CR3154 CBTC

Change of Signallers:

	Signal Box	Signal Box	Signal Box
	Name	Name	Name
1st Changeover	_ _ : _ _ _ _ _ / _ / _ _ (hh:mm) dd mm yy	_ _ : _ _ _ _ _ / _ / _ _ (hh:mm) dd mm yy	_ _ : _ _ _ _ _ / _ / _ _ (hh:mm) dd mm yy
2nd Changeover	_ _ : _ _ _ _ _ / _ / _ _ (hh:mm) dd mm yy	_ _ : _ _ _ _ _ / _ / _ _ (hh:mm) dd mm yy	_ _ : _ _ _ _ _ / _ / _ _ (hh:mm) dd mm yy
3rd Changeover	_ _ : _ _ _ _ _ / _ / _ _ (hh:mm) dd mm yy	_ _ : _ _ _ _ _ / _ / _ _ (hh:mm) dd mm yy	_ _ : _ _ _ _ _ / _ / _ _ (hh:mm) dd mm yy

Change of Pilotman:

This form noted by ..... at _ _ : _ _ _ _ _ / _ / _ _ (hh:mm) dd mm yy

Cancellation of Working by Pilotman:

Dictated to:

Signal Box	Name of Signaller	Time Form Cancelled
_ _ _ _ _ _ _ _ _ _ _ _	_ _	: _ _ _ _ _ (hh:mm)
_ _ _ _ _ _ _ _ _ _ _ _	_ _	: _ _ _ _ _ (hh:mm)
_ _ _ _ _ _ _ _ _ _ _ _	_ _	: _ _ _ _ _ (hh:mm)

This form cancelled at _ _ : _ _ _ _ _ / _ / _ _ (hh:mm) dd mm yy

Signed _ (Pilotman)

SIGNALLER'S FORM FOR WORKING OF CBTC LINES TO AND FROM THE POINT OF OBSTRUCTION

(Form referred to in COS P2)

SAFE reference number

Signal Box ..... Date ___/___/___ (day / month / year)

I have been instructed that because of Working of trains to and from the point of obstruction,

the COS P2 instructions WORKING TO OR FROM THE POINT OF OBSTRUCTION BY PILOTMAN will apply

between ..... and .....

This form is being completed at the dictation of ..... who will act as Pilotman and

who is *present/speaking from ..... at ___:___ (hh:mm) (*Delete as required)

Signed _____ (Signaller)

Change of Signaller:

This form noted by

_____ at ___:___ (hh:mm) ___/___/___ dd mm yy

_____ at ___:___ (hh:mm) ___/___/___ dd mm yy

_____ at ___:___ (hh:mm) ___/___/___ dd mm yy

Change of Pilotman:

New Pilotman (name)	Noted by Signaller (name)	Time / Date
_____	_____	at ___:___ (hh:mm) ___/___/___ dd mm yy
_____	_____	at ___:___ (hh:mm) ___/___/___ dd mm yy
_____	_____	at ___:___ (hh:mm) ___/___/___ dd mm yy

Cancellation of Working by Pilotman:

This form cancelled at the dictation of _____

Who is *present/speaking from _____ at ___:___ (hh:mm) ___/___/___ dd mm yy (*Delete as required)

Signed _____ (Signaller)

CR3180 Line Blockage Form Part a

Section 1 General arrangements

SAFE reference number

Circle role requesting line blockage	Train driver	Platform staff	DP	COSS
Name of requestor				
Phone number				
Current identifiable location				

Name of signaller			
Signal box	RCC / BUCF	Signalling control areas in charge of:	
Phone number			
Time needed for the activity	hrs	mins	

Section 2 Blocking the line (Note: * Delete as applicable)

Line to be blocked	Between (block markers, signals, points or buffer stops) *	And (block markers, signals, points or buffer stops) *	Primary protecting block marker/signal	Additional protecting block markers, signals, or points*

Section 3 Protection method

What form of protection is being used* (Circle)	1. Using EPA protection	2. Using a train	3. Signalling: Blocking the line

Line to be blocked, clear of trains? (Circle)	YES	NO

* Note: Authority from Operations Control is required for all line blockage requests

1. Using EPA protection

EPA no(s)	Other protection

2. Using a train

Train reporting number		Station passengers are to be detrained at	
Routes closed from:	Route closed to the approach of:	Additional reminder appliance placed on:	Other protection
Block marker/ signal	Block marker/ signal		

3. Signalling: Blocking the line with a route bar

Line to be barred			
From	Block marker/ signal	From	Block marker/ signal
Name of technician applying route bar			
Time applied	Hours : mins	Time removed	Hours : mins

Additional protection provided by Network Rail - describe below (if applicable)

Section 4 Granting authority by signaller

You are confirming that ARS is OFF, appropriate EPAs and reminder appliances applied, points have been locked, and routes are closed.

Blockage taken at	Hours : mins	Authority No.		Call back time	Hours : mins	Blockage given up at	Hours : mins

CR3180 Line Blockage Form Part a

June 2020 (Side 2 of 4)

Section 5a

Change of personnel (signaller)

Name of new signaller	Time	Date	Name of new signaller	Time	Date
	:			:	
	:			:	

Section 5b

Change of personnel (COSS)

Name of new COSS	Time	Date	Phone number	Employer
	:			
	:			
	:			
	:			

Section 6 Site Details

Name of COSS		Sentinel Card No.	
Date			
Nature of work*			
Time work started		Time work finished	
Location and lines affected*			
How to contact the signaller in an emergency*			
EPA(s) at the site*			
Open or blocked? *			
Speed (line or TSR/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)*			
Hazards associated with the site (conductor rails, tripping, vegetation, overhead cables or OLE etc)*			
Limits of the working area and how these are defined*			
Permit to work arrangements (AC lines) if appropriate. If no permit to work is held electrified lines are LIVE*			

Section 7 Safe System of work

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	
	Planned*	Actual	Planned*	Actual
Safeguarded				
Fenced				
Site warden				
Protected by EPA(s)				
Protected by train				
Route barred by signaller				
Reason and authority for change to planned safe system of work				

CR3180 Line Blockage Form Part b

June 2020 (Side 4 of 4)

Section 8	Separated working only (complete where applicable)

Type of fence (fenced only)	
Distance from line (fenced only)	
Separation distance (separated only)	
How Site Warden will give the warning (separated only)	

Section 9	Details of any Separated Working Site Wardens

Name	Sentinel Card No.	Location	Role

Section 10	DECLARATION (Each member of the group to sign to confirm that they have understood the briefing)

Signature	Sentinel Card No.	Signature	Sentinel Card No.

Section 11	COSS DECLARATION. I have made the above arrangements and I am satisfied that all members of the work group understand the safe system of work

Signature	

CR3183 Route Setting Agent's Point Setting Form

Record of instructions dictated to the Agent in connection with manual operation of power operate points

(Form referred to in handbook HB4)

Requested by Signaller to set route on …….. line

from …… to ……

Point No	End No	Position	Point No	End No	Position

I confirm that all the above point ends have been operated/secured as necessary, and I have subsequently walked the route and am satisfied the route is correctly set as dictated by the Signaller at …….. signal box.

Signaller advised at …….. (*time*) ……(*date*).

Signed ……(Agent)

SAFE reference number

CR3185 CBTC

REPORTING A SIGNAL/AWS/TPWS/ERTMS/CBTC FAILURE OR IRREGULARITY

*For use by Drivers in **all** cases of CBTC Irregularities and Signallers when the following is reported:- A wrong side signalling failure, an alleged wrong side signalling failure, a signalling irregularity which is required to be reported immediately by the Driver in accordance with module S7 **unless the fault is clearly right side or the Signaller can explain the failure or irregularity and can confirm he/she is aware of the circumstances**, Rule Book module TW5.*

Part 1 General Information *(to be completed in all circumstances)*

Drivers details

Date ____/____/____ (day / month / year)

Time of incident ____:____ (hh:mm)

Driver's Name _____

Company and home depot _____

Signallers details

Reported to _____ (Name of signal box)

Time Reported ____:____ (hh:mm)

Weather conditions at location of incident _____

Reported to _____ (Name of signaller)

Details of train involved

Train Reporting No. ☐☐☐☐

Traction unit No. _____

Details of rolling stock involved

Vehicle/Cab No. in use _____

_____ hrs From _____ To _____

Tick appropriate

Reports: ☐ Signalling irregularity ☐ TPWS/AWS irregularity

☐ CBTC irregularity

Tick appropriate

Approaching: ☐ Signal no. _____ ☐ Block marker no. _____

☐ Speed restriction ☐ Buffer stops

Signaller establishes whether the block marker has been passed without authority

at _____ (location) on the _____ (name) line

Driver have you passed a block marker without authority? ☐ NO ☐ YES

Part 2 Report of CBTC Failure or Irregularity

Driver quotes the relevant detail(s) -

☐ DMI Failure ☐ System Failure Message (record actual message in other) ☐ Balise Inconsistency

Tick appropriate

☐ Odometer Failure (Alarm reported on DMI)

☐ Inappropriate mode displayed Mode displayed _____

☐ Level transition failure into level _____

☐ An MA beyond a signal at danger

Driver gives further details of the irregularity, if necessary

☐ Other _____

_____

CR3185 CBTC

Part 3 Report of a AWS/TPWS/ERTMS irregularity or failure

Driver completes details if other safety systems fail

TPWS/AWS irregularity .....
(describe the failure indication)

.....

ERTMS irregularity .....
(describe the failure indication)

.....

Part 4 Report of a signalling irregularity or failure

Driver completes details if other safety systems fail

Signalling irregularity .....
(describe the failure indication)

.....

Part 5 Other details to be completed by the Driver **(may be completed post incident) – please use CAPITAL LETTERS**

Give as much detail as possible – continue on a separate sheet if necessary

.....

.....

.....

.....

.....

Drivers - this form must be handed in accordance with your company instructions
Signaller - this form must now be sent to Operations Control

SAFE reference number

CR3187 CBTC

May 2021 (Side 1 of 2)

SIGNALLING RESTRICTION

Part 1 Agreement about the arrangements

Date ____/____/____ (day/month/year) Signalling technician .....

Employed by ..... Signalling technician contact number .....

Signaller at .....(signal box) ..... (panel/workstation)

Part 2 Details of equipment affected

The following signals or equipment will require to be restricted:

.....

.....

.....

Estimated length of time technician requires to make restrictions ..... hours .....minutes

Agreed time disconnections/restricted may start to be made ..... (hh:mm) on ____/____/____ (day/month/year)

Estimated length of time equipment will remain restricted ..... days ..... hours .....minutes

☐ If unknown, tick box

Signalling technician and signaller must agree:

Trains may pass through the affected area while the restriction is made **YES** ☐ **NO** ☐

How the restriction will affect train running once they have been made:

.....

.....

Confirmation with other signallers

Any other signaller affected must be given details about what is to happen

Signaller at .....(signal box/panel/workstation) told at ..... (hh:mm) on ____/____/____ (day/month/year)

Signaller at .....(signal box/panel/workstation) told at ..... (hh:mm) on ____/____/____ (day/month/year)

Authorisation

Authority to make the restriction shown above, given to technician ..... (name)

at ..... (hh:mm) on ____/____/____ (day/month/year)

by signaller at ..... (signal box) ..... (panel/workstation)

Signalling technician must read back the authority details to the signaller

Technician confirms all the above restrictions have been carried out at ..... on ____/____/____ (day/month/year)

Technician ..... (name) Signaller ..... (name)

All the equipment listed above is now restricted

If there are any alterations to the above arrangements, the signaller and technician must complete an additional CR3187 CBTC form with agreed changes

SIGNALLING RESTRICTION

Part 3 Changes of signaller or signalling technician

Changes of signaller

Signaller	Time on duty	Date	Signaller	Time on duty	Date

Changes of signalling technician (during time signalling restrictions are being made)

Signalling technician	Time signaller advised	Date	Employed by	Contact details

Part 4 When the signalling restriction is no longer needed

Signalling technician's name……. employed by……

Tells signaller at……signal box panel/workstation……

That the following signalling restriction can be returned to normal working……

……

……

that the following signalling equipment has been removed……

……

……

The detail of any signalling equipment shown in Part 2 that will remain restricted must be entered on a new CR3187 form

Signaller at……signal box name……panel/workstation

authorises signalling technician……name employed by……

to restore equipment shown above to normal working at……time……date

Signalling technician confirms the equipment shown above has been restored to normal working at……time

……date

Signalling technician……name Signaller……name

SAFE reference number

SIGNAL PASSED AT DANGER (SPAD) OR UNAUTHORISED MOVEMENT

Form referred to in Module S5 COS

PART 1: Event information

Date _____ and time _____ of SPAD Signal passed at danger _____ located _____

Unauthorised movement located _____

Train ID N^{o} _____ Driver's name _____ Driver's depot _____

PART 2: Questions for the driver

Can you tell me what happened or what underlying cause contributed to the SPAD / Trip / Unauthorised movement? (write using the driver's words)?

_____

_____

_____

_____

If disputed, give reasons why this is disputed: _____

How far has the front of the train passed the signal or EOA? _____

Have any points been run through? Yes ☐ No ☐

Do you consider yourself fit to continue? Yes ☐ No ☐

Do you consider the train fit to continue? Yes ☐ No ☐

PART 3: Questions for the signaller

Reason for the signal being at danger or the MA not being issued _____

_____

_____

Any other observations / comments _____

_____

_____

Signaller _____ Location / Workstation / Panel _____

PART 4: Authorisation for the train to proceed

Authorisation for the train to proceed forward received from Operations Control at _____ time

Form to be copied and given to Operations Control

SAFE reference number

Possession Arrangements Form (CBTC)

Section 1 Possession details

Name of PICOP		Signal box	
Employer		Panel/workstation	
WON item No *(if applicable)*		Phone number	

EPA to be applied between	Start					
	Finish					
	On line					

Possession taken around train standing at block marker or signal								
Train number								
Block marker *(or signal)*								

Section 2 Protection arrangements

Points		Secured	Un-secured
Points to be protected		Time	Time
		Date	Date
		Time	Time
		Date	Date

Possession granted at:	Time	Date

Section 3 Record of work

Work sites

Site No.	Work site limits	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

Engineering supervisor (ES)

Site No.	Name of ES	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

Section 4 Change of PICOP

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

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

Complete details of any restrictions agreed with the signaller	List restrictions

Possession given up at:	Time	Date

Authorisation for Point to Point Working (Driver's form)

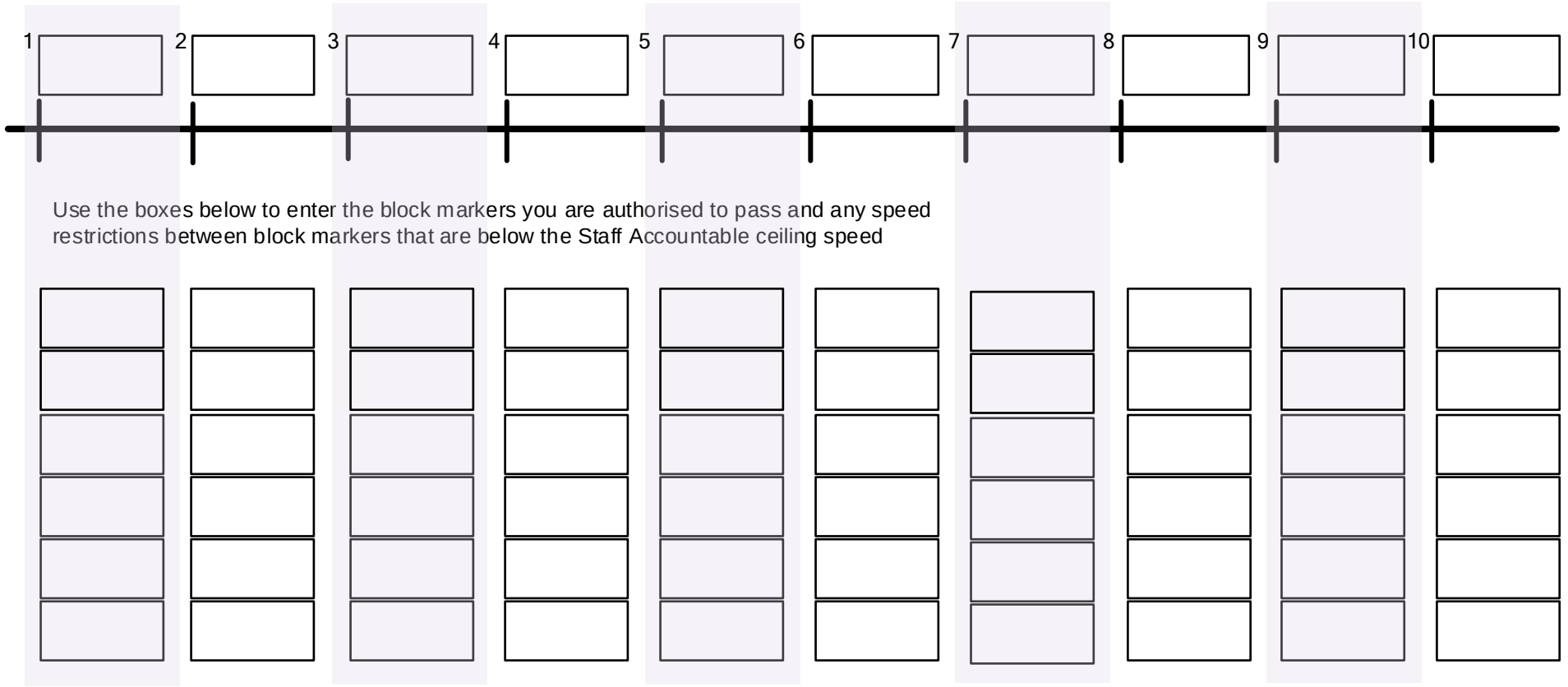
Signaller authorising point to point working ----------

Date ___/___/___ (day / month / year)

Time ___/___ (hr / min)

Train running number ……..

Enter the station names you are authorised to work



Use the boxes below to enter the block markers you are authorised to pass and any speed restrictions between block markers that are below the Staff Accountable ceiling speed

Enter the time you reached the final station Time ___/___ (hr / min)

Enter the block marker your train is standing at ----------

Contact the signaller to request a movement authority, then write 'cancelled' across this form

SAFE reference number

RFLI-CR3190

Authorisation for Point to Point Working (Signaller's form Part A)

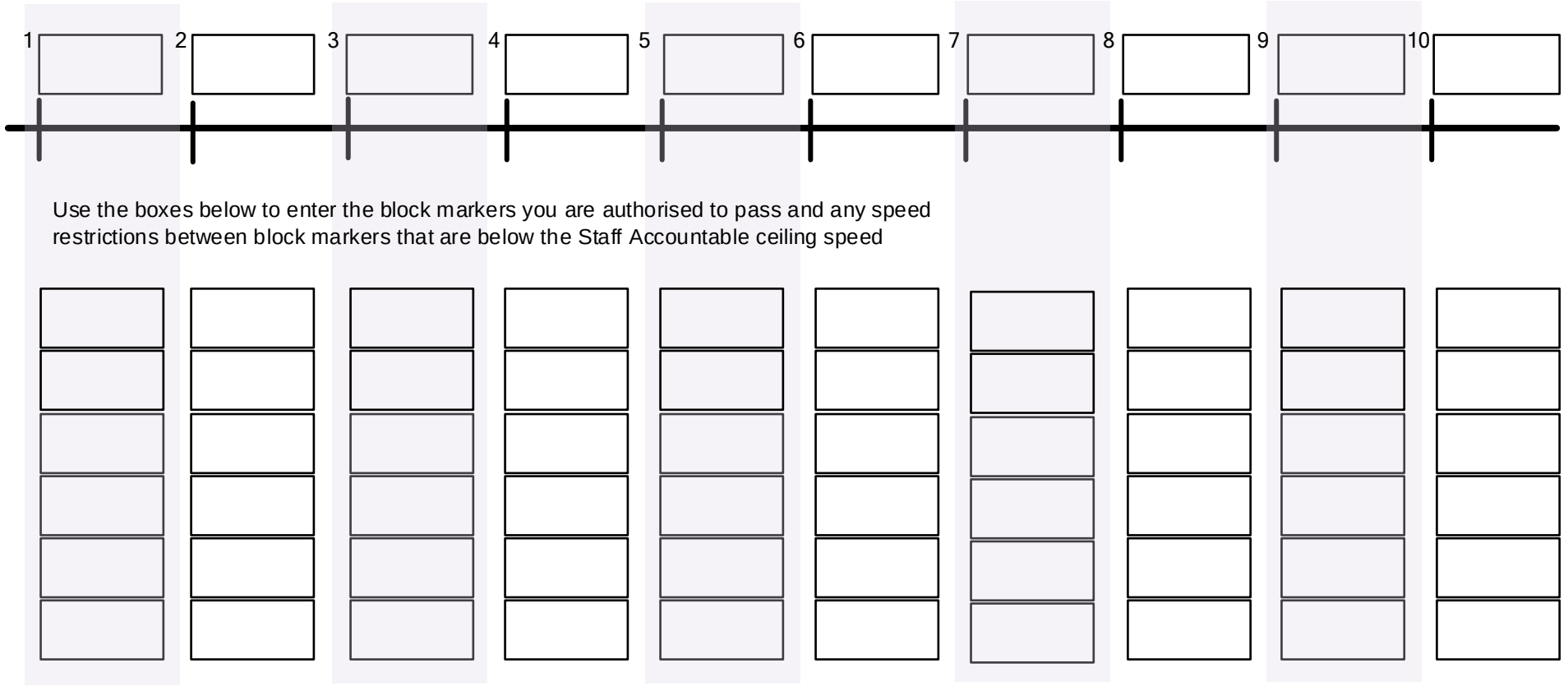
Signaller authorising point to point working ----------

Date ___/___/___ (day / month / year)

Time ___/___ (hr / min)

Train running number ……..

Enter the station names you authorise the driver to work



Use the boxes below to enter the block markers you are authorised to pass and any speed restrictions between block markers that are below the Staff Accountable ceiling speed

Enter the time the driver reported reaching the final station

Time ___/___ (hr / min)

Enter the block marker the train is reported at ----------

Engineering Supervisor's Certificate

Part 1 Possession and work site details

Name of ES	
Sentinel Card N$^{O.}$	

WON Item No	
Line affected	

Employer	

Possession limits *(kilometers and metres of possession limit boards)*	Start	
	End	
Intermediate possession limit board (if required)	Start	

Work site limits (km and metres)	Start		End	

Authority given by PICOP to set up work site		Signature or name of PICOP	PICOP phone number	Work site set up PICOP advised	
Time				Time	
Date				Date	

Part 2 Change of ES

Name of new ES	Employer	Changeover at		PICOP advised at	
		Time		Time	
		Date		Date	
		Time		Time	
		Date		Date	
		Time		Time	
		Date		Date	
		Time		Time	
		Date		Date	
		Time		Time	
		Date		Date	

Part 3 Giving up the work site

Signature of ES	Work completed, portion of line clear and safe for trains to pass		Certificate to be handed to PICOP or PICOP advised at	
	Time		Time	
	Date		Date	

Details of restrictions (if applicable)

PICOP advised about restrictions at	Time	
	Date	

Part 4 Site details

Nature of work			
EPA(s) at the site			
Adjacent line open or blocked to traffic	YES / NO	Adjacent line speed (line or ESR/TSR)	
Access and egress arrangements to/from working area			
Hazards associated with the site (conductor rails, tripping, vegetation, overhead cables or OLE etc)			
Limits of the working area and how are these defined?			
Permit to work arrangements (AC lines) if appropriate.			

If no overhead line permit to work is held then electrified lines are LIVE

Part 5 Safe systems of work

Tick the relevant box. Only tick 'Planned' column if you have been provided with a safe system of work	Walking on or near the line to/from the working area		Whilst carrying out the work	
	Planned	Actual	Planned	Actual
Safeguarded				
Fenced				
Site warden				
Protected by EPA(s)				
Protected by train				
Route barred by signaller				
Reason and authority for change to planned safe system of work				

Part 6 Details of any site wardens

Name	Sentinel Card No.	Location	Role

Part 7 DECLARATION (Each member of the group to sign to confirm that they have understood the briefing)

Name	Sentinel Card No.	Signature	Time signed out

Part 7 DECLARATION (Continued)

Name	Sentinel Card No.	Signature	Time signed out

Part 9 ES DECLARATION I have given the briefing to each member of the group and I am satisfied that all members of the work group understand the safe system of work

Signature (ES)	

SAFE reference number

Train Register Form

This form is to be used to record trains entering and leaving an area where: (tick the appropriate box)

Point to point working

Pilotman working

On line

Start block marker

End block marker

Point to Point / Pilotman* working start time

/ hr min

/ / day month year

* Note: Delete as appropriate

Train Running Number	Time train enters	Time train at exit block marker	Confirmed track clear (Y/N)

Time Point to Point / Pilotman* working is ended

Time / hr min

Date / / day month year

Signature (Signaller)	