

IWA/COSS/PC/SWL Line Blockage Form

RT3181

December 2015 (Side 1 of 2)

Section 1 General arrangements

WON/GZAC No. <i>(if applicable)</i>		Circle your role	IWA	COSS	PC	SWL
Your name		Name of signaller				
Phone number		Signal box				Panel/workstation
Employer		Time needed for the activity			hrs	mins

Will the work affect the safety of the line?	Yes/No
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Circle the type of additional protection	T-COD	Token	Signalling disconnection	EPR	Detonator protection	Not required
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Section 2 Blocking the line

Line to be blocked	Between (signal/block marker/points)	and (signal/block marker/points)	Protecting signal(s)/block marker(s)

Go to page 2 and complete -

Appendix A if the line blockage includes any level crossings	Appendix B if additional protection is required	Appendix C if sharing protection	Appendix D if there is a change of COSS/PC/SWL
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Tick the box when agreed that details are correct	<input type="checkbox"/>
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Section 3 Granting authority

Blockage number	Authority number	Blockage taken at		Call back time	Blockage given up at	
		Time	Date		Time	Date
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

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Appendix A Level crossing arrangements

Level crossing	Supervising signal box	Method			
		A	Q	E	N
		A	Q	E	N
		A	Q	E	N
		A	Q	E	N

Level crossing	Supervising signal box	Method			
		A	Q	E	N
		A	Q	E	N
		A	Q	E	N
		A	Q	E	N

In the method column, circle -

A	if an attendant is required throughout the blockage (at AHBC, CCTV, OD or RC crossings)	Q	if an attendant is required some of the time (at AHBC, CCTV, OD or RC crossings)	E	if the signals/sirens/bells are switched off (at ABCL or AOCL crossings)	N	if there is normal working at the crossing
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Appendix B Additional protection

Detonator Protection

Detonators placed at signal or beyond points	
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Signalling Disconnection

Name of signalling technician	
Disconnected signalling equipment	

Token

Time token issued										
Time token returned										

T-COD

These track circuits are occupied by T-CODs	
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EPR

Has the signaller applied EPR?	Yes/No
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Appendix C Permission to share blockage

Name of IWA/COSS/SWL and Employer	Phone number	Signature IWA/COSS/SWL (if present)	Authority given to share Line Blockage		IWA/COSS/SWL confirms work is completed and Line Blockage protection is no longer needed		Signature IWA/COSS/SWL (if present)
			Date	Time	Date	Time	

Appendix D Change of COSS/PC/SWL

Name of new COSS/PC/SWL	Phone number	Employer	Time	Date