Authorisation to work – General Working Requirements – v1.2



General Working Requirements

- 1. Inform ATOC upon arrival and departure on each day of works via 09 336 8194
- 2. If working outside of the public area or beneath overhead traction electrical lines, you must hold the appropriate training, permissions and permits from Kiwi Rail and comply with all conditions of these permits/permissions and training. These include, but are not limited to:
 - Kiwi Rail Permit to Enter
 - Kiwi Rail EF201 Permit to Work Near Railway Power Lines
 - Completion of the Electrification Awareness training course.

Copies of any Kiwi Rail permits should be provided to AT along with the AT Authorisation to Work application. A legible copy of any Kiwi Rail permit along with a copy of the approved AT Authorisation to Work, the Health and Safety Management Plan, and proof of any required training must be available onsite throughout the duration of the work.

All Authorisation requirements must be met **before entering** the site to undertake any works, including use of PPE (white hardhat, safety glasses, safety boots (steel-capped, laced), work gloves and orange hi-vis). The presence of Rail Protectors and/or Electrical Safety Observers (ESO) may also be required.

- 3. In addition to KiwiRail's PPE requirements, all members of the work crew must wear appropriate additional PPE for the work being carried out (e.g. safety harness, life vests) and wear long sleeved top and long trousers. This includes any task specific PPE.
- 4. All requirements of Health & Safety Act 2015 and the Railways Act 2005 shall be met including a Health and Safety Management Plan for this site to be submitted to Auckland Transport.
- 5. If working on the station Montrose cabinet, a 'lock out/tag out' system must be included in the Site Specific Safety Plan.
- If intending to work on a station Montrose cabinet or electrical system and the cabinet is locked or tagged, to avoid risk of injury, do not proceed with any work without first making contact and obtaining approval from the tag holder.
- 7. The Station Primary Earth Terminal (PET) or Isolation Transformer **must not be opened or tampered with** without the onsite presence of an AT or Kiwi Rail Responsible Person.
- Station CCTV coverage needs to remain unimpeded during works. If works block CCTV visibility, temporary CCTV relocations or presence of an AT-nominated security provider may be required at the permit holder's cost.
- 9. The location must be kept in a tidy state free of any trip hazards, unattended tools, etc. at all times.
- 10. No dangerous goods are to be stored on or near railway platforms
- 11. If removing, installing or relocating station furniture, including fencing, any impacts on station earthing & bonding must be addressed beforehand and any changes recorded on as built drawings and submitted to AT for approval. Changing station furniture without consideration of earthing requirements can have serious safety implications, which could result in electrocution furniture must be correctly earthed and bonded at all times.
- 12. Any health and safety incidents must be reported to Auckland Transport as soon as possible in line with the AT Health & Safety Incident Reporting Framework. All serious or potentially serious incidents should be reported to AT immediately by phone or text message.
- 13. Movement of any plant and/or equipment should only take place when access has been granted and it is safe to do so.
- 14. Long conductive materials (e.g. ladders, survey staffs, scaffold materials) must be carried horizontally at all times while working within the rail corridor or underneath OHLE unless an isolation is in place.
- 15. Any works that could generate sparks, heat or naked flames are to have a Hot Works Permit in place with the relevant controls including monitoring.
- 16. Any building constructed pre-2000 has the potential to contain Asbestos and/or ACM (Asbestos Containing Material) and is subject to the Health & Safety at Work (Asbestos) Regulations 2016. Should any material be suspected of being Asbestos/ACM, works are to **STOP** and the details reported to the AT Responsible Manager. Under no circumstances is work to go ahead until a full assessment of the area has been conducted, the materials tested and if found to contain Asbestos, removed. Any work that involves Asbestos or ACM will only be undertaken by a trained, competent and licenced operator.

Working Requirements during Operational Hours

- 1. Noisy, impeding or disruptive work should be avoided during station peak hours of 7:00 9:30hrs and 15:00 18:00hrs
- 2. Station access and emergency egress must be maintained for all users, with minimum access width of 1.8m. The platform surface must remain free of trip hazards and snags.

Authorisation to work – General Working Requirements – v1.2



- 3. All work areas must be physically segregated from the public with any open electrical pits, plant, tools, etc. appropriately protected or stored. A safe walking route must be provided for the public around any work area with clear access/egress to and from the platform edge and facility entry and exit points.
- 4. Any fencing or hoardings (minimum ATF fencing or equivalent) should ensure 3m minimum clearance between the platform edge and the hoarding and the maximum length of any platform-hoarded section is must not be more than 12m, unless Auckland Transport gives specific approval.
- 5. Emergency Help Points, lights, fire points, etc. must remain operational at all times
- 6. Information boards, litterbins & HOP card readers must remain accessible to all station users, including those whose mobility is impaired.
- 7. Platform markings (platform edge paint, tactile dots) must remain in place or be updated to redirect station users around the station safely.
- 8. At all times work areas are to be supervised to ensure passenger safety passengers are not to be exposed to flying particles, excessive noise, excessive dust, welding flash, etc. at any time.

At the end of each shift all work areas must be left in a suitably CLEAN, SAFE and TIDY condition - all the relevant documentation is to be returned to the Auckland Transport Responsible Manager to close out the work as required

A7

Authorisation to Work

*This authorisation provides permission to undertake **planned** activities/tasks on Auckland Transport (AT) owned leased or controlled assets.

The Authorisation to Work application must be accompanied by the following documentation – Health & Safety Management Plan which includes - SWMS (Safety Work Method Statement – must include scope of works & Risk Assessment), JSA (Job Safety Analysis), Permits to Work (Hot Works, Working at Heights, Confined Space, etc.), Insurances, Competencies, Drawings/Photo's, Permissions and any other supporting documentation relevant to the works.

Note: Please allow a minimum of 10 working days between submitting the application to AT and approval being given. Failure to provide required or expected information will delay approval process.

PART A: To be completed by the Contractor/Supplier

Type of Authorisation: *AT Network			AT Responsi Dept.	ble	
Date & Time Works Scheduled to Start			Date & Time Scheduled to		
Timing of Work includes (Please Indicate)	s: Peak 🔲 Of	f-peak	Night (after I	ast service	Block of Line
Supplier Name / Reference Number			Supplier Key (Name & Con Number)		
AT Contact Person			Location/Fac where work v place		
	Rail		Rail specific re		
Facility Type (please	Bus specific requirements apply				
tick)	Ferry		Ferry specific requirements apply		
	Infrastructure		Please specif	У	
	Other		Please specif	y	
Scope of Work to be undertaken, including number of workers to be involved:	undertaken, including number of workers to				
Other relevant Informati	on to support ap	proval pr	ocess?		
Contractor authorisation					
We accept and will be work		ο with ΔT o	aneral working	raquirama	unts contained within
document: Authorisation					ins contained within
Contractor Represen			Completed		Signature
Contractor Represer	itative Haille	Date	Joinpieleu		Oignatule





Authorisation to Work

PART B, C & D: To be completed by AT Responsible Manager

Assessment Prior to Approval	Y/N/NA	Comment/Action
*Does the work activity trigger Notifiable Works? If Yes - (attach copy of evidence to this authorisation form)		If Yes ensure section C is completed
Is the Contractor on the AT approved ISNET register?		
Has a signed copy of the SWMS (Safe Work Method Statement) been included? This must include the Scope of Work .		
Does the SMWS (Safe Work Method Statement) contain a Risk Assessment?		
Has a copy of the JSA (Job Safety Analysis) been attached?		
Does the works require a TMP (Traffic Management Plan? Please attach		
Has a copy of the current Public Liability Insurance Certificate been provided? Please attach		
Are any work permits required in order to complete this work safely? (Hot Works, Confined Space, Isolation, Working at heights, etc.) Please attach relevant permits.		If Yes ensure section C is completed
Has the AT contractor induction process been followed?		
Have competency certificates been provided for the activity being undertaken? Please attach.		
Is any equipment being used Fit for Purpose? Regular inspections complete. (Lifting Gear, Electrical test Certificates, Maintenance, etc.)		
Are any other relevant permissions required? (Auckland Council, Harbourmaster, Ports of Auckland, Water Care, KiwiRail, Power Companies, etc.)		If Yes ensure section C is completed
Have relevant internal stakeholders been made aware that work is due to take place?		If yes, please specify:
	•	1

All supporting documentation must be provided with this Authorisation to Work Application – Failure to provide the required documentation will result in an immediate decline in the application





Authorisation to Work

PART C- PERMITS & PERMISSIONS

TYPE OF PERMIT / PERMISSION REQUIRED	TO BE PROVIDED BY CON (All permits must be att		RESPONSIBLE MANAGER SIGN		
High/Medium Risk Work Activity- State types:					
EF201 / KiwiRail Permit to Enter					
Notifiable Works Permit					
Other: (state)					
Other: (state)					
PART D - AT Authorisation Having reviewed the information provid approval is/is not given (delete as appliance)			any indicated permits		
Auckland Transport Responsible	Date:	Name:			
Manager:		Signed:			
Station/Facility/Operations Manager (if applicable)	Date:	Name:			
		Signed:			
Auckland Transport Health & Safety (if applicable)	Date:	Name:			
		Signed:			
REASON FOR DECLINE					
CHANGE/VARIATION NOTICE REF. #					
ADDITIONAL CONDITIONS TO OF AU	ADDITIONAL CONDITIONS TO OF AUTHORISATION				
1					



Authorisation #



Risk Assessment and Method Statement		
Enter company name here		
Site Location Type site address here		
Date of works Type date(s) on site here		
Scheduled Time Type time(s) on site here		

AT Reference	Name	Title	Contact Number
Contractor Reference	Name	Title	Contact Number

Change History and Control

Review Date	Version Date	Reason for Review
Type document date here	Type version number here	Description of changes and reasons for making those changes.





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Background

Scope

Provide a paragraph describing the work to be completed. You do not need to include dates, times, locations or staff details here but you do need to outline exactly what you are being contracted to do and the levels and/or finishes to which all tasks will be completed.

Programme

Outline details o can commence			•	•
afterwards.				•





Key Roles and Responsibilities

Provide details for any person who will be on site at any stage for any length of time during the times outlined on page 1 of this document.

Name	Title	Contact Number





Training Matrix

For each person to attend site, provide details of any qualifications, standards or certificates. **Please note:** Include copies of any certificates and contractor compliance cards when submitting this document.

Name	Qualification / Certificate / Standard	Expiry Date





Permits to Work

When submitting this form, please also provide copies of all required permits to complete work, including but not limited to access to site permits, hot work permits, permits to work at height and permits to work in confined spaces.

Insurance

When submitting this form, please also provide copies of liability insurance certificates and levels of cover.





Method Statement

Access Egress and Security

Provide details of access to obstructions and/or management	o site and security measu ent required, including inter	re in place. Include any traffic action with the general public.





Activities

Provide a step by step breakdown of activities to take place, including a descriptions of methods including site plans and drawings where relevant. This can be on a separate page if required.

Activity	Description





Plant and Equipment

Provide a step by step breakdown of activities to take place, including a descriptions of methods including site plans and drawings where relevant. This can be on a separate page if required.

Equipment	Date of most recent tag and test





Risk Assessment

Please complete the attached Risk Assessment form.

Likelihood (L)

Weight	Likelihood	Detail	
1	NOT LIKELY	There really is no risk, only under freak conditions could this event possibly occur	
2	POSSIBLE	If other factors were present, then the incident may occur, but probably would not	
3	QUITE POSSIBLE	The incident may occur if additional action or events trigger it	
4	LIKELY	The incident will occur if additional factors are present	
5	VERY LIKELY There is an almost certainty that the incider will occur given current working practices		

Risk Rating Matrix

	5	5	10	15	20	25
λ	4	4	8	12	16	20
Severity	3	3	6	9	12	15
Š	2	2	4	6	8	10
	1	1	2	3	4	5
		Likelihood				

Severity (S)

Weight	Severity	Detail
1	LOW	Low risk of injury or disease
2	SLIGHT	Minor injury requiring first aid, but the individual can continue working
3	MODERATE	Injury or disease with the potential to prevent a person from working for 3 or more days
4	HIGH	Major injury or death to individual
5	VERY HIGH	Multiple death and widespread destruction

Key to Risk Rating Matrix – Risk Level (Risk)

HIGH	Risks are intolerable and additional controls must be introduced to reduce risk further
MEDIUM	Risks are tolerable, but only if additional control measures identified are not reasonably practicable to implement
LOW	Risks are broadly acceptable and risks should be monitored to ensure the level does not change





Emergency Plan

Provide the following details for case of emergency.

Who will be contacted
Details of the nearest hospital
First aid and fire arrangements
AT contact to notify
Details of process for reporting to AT





<u>Deviation to agreed Risk Assessment or Method Statement approved by AT key account manager.</u>

Activity	Description





Checklist

Copies of certificates and/or contractor compliance cards	
Copies of all required permits to complete works	
Copies of liability insurance certificates and level of cover	
Relevant site plans and drawings	

Approval

Prepared	Reviewed	Approved		
Name	Name	Name		
Title	Title	Title		
Date	Date	Date		



sk Assessment Title:							
sert scope description here							
te Location:		Person conducting risk assessment			Assessment Date:	Review Date:	
te Location.			reison conducting risk assessment	•		Assessment Date.	Neview Date.
						Likelihood of hazard	
Activity	Identified Hazards	What could go wrong	Consequence if it does go wrong	Severity (1-5)	Controls in place (incl PPE)	going wrong (1-5)	Risk Rating (S x L)