Worksite Protection Plan

Method of Worksite Protection:			
Date of work:		**Worksite location:**	
Protection Officer (PO) name:		**Contact number:**	
PO Level:		**Signature:**	
STN/Notice number:		**Authority Number:**	
Network Control Officer:		**Contact number:**	
Possession Protection Officer:		**Contact number:**	
Site Supervisor:		**Contact number:**	
Start time (24-hour format)		**End time:**	
Work activity:			

Provide a diagram of the worksite protection arrangements including the worksite boundaries, elements of the rail infrastructure, protection arrangements, types of protection devices, location of Protection Officers and Hand signallers (if applicable), etc.

Site hand back			
Is the Danger Zone clear of all obstructions?		Yes ☐	No ☐
Has all worksite protection been removed?		Yes ☐	No ☐
Has rail infrastructure been inspected and certified fit for use?		Yes ☐	No ☐
Signature:		**Time of hand back:**	

Comments: