

## ASB CSS SCRIPT

Icon Corridor Safety, You are speaking with: insert officer name

<b>1. Can I please start with your name?</b>
CSO will confirm Company details and Safeworking qualification before proceeding.
<b>2. Is this protection required for a callout by ICON for incident response?</b>
<b>If Yes</b>
If known, what is the notification number?
Please provide a brief description of the type of incident.
<b>3. What is the type of work being conducted in the Danger Zone?</b>
<b>4. What type of Work on Track protection will be used?</b>
Please answer from Network Work on Track rules.
This question will be introduced to all current scripts as well.
<b>5. Do you have an APS number?</b>
If <b>YES</b> , record APS number. Continue with CSN request.
If <b>NO</b> , Continue with CSN request.
<b>6. Which Division has requested this work?</b>
<b>7. What document are the Worksite Protection details recorded on?</b>
This question will be introduced to all current scripts as well.
Please answer this question by referencing NRF 015 A, B, C, D or RNMWPP.
<b>8. What station will you be working near?</b>
<b>9. Which line/s and track will you be working on or near?</b>
<b>10. What is your nominated worksite location for each line?</b>
NOTE: NWT 308 requires that the nominated worksite location is identified for each line as being:
- From one signal to another signal, or
- From one signal to end of terminal line.
Signals are to be identified by name and number.
Corridor Safety Officer will validate the nominated worksite location on DRKD.
<i>If the worksite location changes or extends, please prepare a new WPP and call back for another CSN.</i>

**11. What is the date, estimated start time and duration for the work?**

**12. What have you assessed as the planned type of ASB protection?**

- Two consecutive controlled absolute signals at stop with blocking facilities applied
- One controlled absolute signal at stop with blocking facilities applied and removal of the ESML/EOL key
- One controlled absolute signal at stop with blocking facilities applied and points secured
- One controlled absolute signal at stop with blocking facilities applied an easily reachable safe place and a lookout is provided

***Please state to the Corridor Safety Officer your preferred type of ASB protection for all lines.***

***You may also use a combination of protection types.***

***Please see statement at end of script.***

**12. If not using a Lookout as part of the protection arrangements, continue to end statement.**

**IF USING A LOOKOUT – Has the Lookout Working Prohibited Locations Register been checked for this protection?**

**13. What are the kilometre position of the Lookouts?**

**14. How many Lookouts are you using?**

**15. Are you using additional Lookouts?**

**16. Are you using Warning Lights as part of your Minimum Warning Time Calculation?**

***Please notify the Signaller that you are using Warning Lights and comply with the relevant NLA.***

**17. What is the:**

**See Time:**

**Move Time:**

**Safe Time:**

**Minimum Warning Time (MWT):**

**Maximum Track Speed:**

**Minimum Sighting Distance:**

(CSO to validate maximum speed and Minimum Sighting Distance, including Red Zones in the Lookout Working Prohibited Locations Register)

*The Minimum Sighting Distance must be maintained in the nominated direction, starting from the position of the Lookout.*

**18. How will the Lookout warn the workers of approaching rail traffic?**

**19. Has another Minimum Warning Time Calculation been documented?**

If **YES**, ask Question 18 again.

If **No**, continue with statement.

### **Statements**

**Before starting work, please call the signaller and discuss protection arrangements.**

**Please note the ASB type of protection to be used may be subject to change based on the signaller's assessment.**

**Please complete Section 3 of NRF 015C when you discuss protection arrangements with the signaller.**

**When working at night, please ensure a nominated worker in the group wears a flashing beacon to improve the visibility.**

**Before work starts ensure you brief workers and qualified staff about the Worksite Protection arrangements.**

**Your CSN is ...**