

NRF 015A Worksite Protection Plan

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Signaller details		
name	location/panel	contact No.
Protection Officer details		
name	signature	contact No.
RSW or RIW No.	designation	Planned duration
Workplace Supervisor details:		
Worksite protection (cross out not applicable)	TOA Work within a Maintenance Centre o	r stabling yard
Type of work:		
Worksite location (if completing this form for an adjacent line, enter the details of the adjacent line, not the line being worked on) on the lines between and		
Notes		

Provide or attach a diagram/map of the worksite protection arrangements.