

COSS RECORD OF ARRANGEMENTS AND BRIEFING FORM

GENERAL INFORMATION										
Name of COSS		Sentinel Card No.								
Date										
Nature of Work *										
Time work started					Time work finished					
Location and lines affected *										
How to contact the Signaller in an emergency *										
Lines at the site *										
Direction (any SLW etc?)										
Open or blocked? *										
Speed (line or T/ESR)										
Access and egress arrangements to/from working area *										
Hazards associated with access/egress (conductor rails, tripping, vegetation, overhead cables or OLE, etc.) *										
Hazards associated with the site (conductor rails, tripping, vegetation, overhead cables or OLE, buried services, etc.) *										
Limits of the working area and how these are defined *										
Permit to work arrangements (AC or DC lines) if appropriate. If no permit to work is held electrified lines are LIVE *										
SAFE SYSTEM OF WORK										
Tick the relevant box. Only tick 'Planned' column if you have been provided with a planned safe system of work	Walking on or near the line to/from the working area				Whilst carrying out the work					
	Planned *	Actual			Planned *	Actual				
Safeguarded Green Zone										
Fenced Green Zone										
Separated Green Zone										
Red Zone with ATWS										
Red Zone with TOWS										
Red Zone with LOWS										
Red Zone with Pee Wee										
Red Zone with Lookout(s) only										
Reason and authority for change from planned safe system of work										

GREEN ZONE WORKING ONLY (complete as applicable) *			
Type of fence (fenced only)			
Distance from line (fenced only)			
Separation distance (separated only)			
How Site Warden will give the warning (separated only)			
RED ZONE WORKING ONLY			
How the warning will be given *			
Location(s) of position(s) of safety			
Details of any SEPARATED GREEN ZONE Site Wardens, RED ZONE ATWS Operator or RED ZONE Lookouts (TOWS, LOWS, Pee Wee, distant, intermediate, site, machine or touch)			
Name	Sentinel Card No.	Location	Role

DECLARATION (Each member of the group to sign to confirm they have been briefed)			
Signature	Sentinel Card No.	Signature	Sentinel Card No.

COSS DECLARATION. I have made the above arrangements and am satisfied that all members of the work group understand the safe system of work	
Signature	

* Where the work is pre-planned, these parts of the form should be completed before it is provided to the COSS