

South Island Track Access Request (TAR)

Protection Planner Contact
Southisland.access@kiwirail.co.nz

Please submit this request to Southisland.Access@kiwirail.co.nz along with all relevant documentation.

Please allow two weeks notice for your access requests

	Permit to Enter #				
	Reference / SWO# PO#				
Name of Person Submitting this request	Contact Number				
Organisation undertaking the works	KiwiRail Sponsor				
Brief description of works					
Detail Network Authorities					
Requested date for works to commence:	Planned finish date:				
Requested start time:	Finish Time:				
Which line are the works taking place on?	MNL <input type="checkbox"/>	MID <input type="checkbox"/>	MSL <input type="checkbox"/>	SNL <input type="checkbox"/>	Hokitika <input type="checkbox"/>
	Rapahoe <input type="checkbox"/>	Bluff <input type="checkbox"/>	Ohai <input type="checkbox"/>	Port Chalmers <input type="checkbox"/>	Hornby Industrial <input type="checkbox"/>
Other (Sidings, Loops etc):					
Will the line/s be impassable?					
Start km Limit (if known)			End km Limit (If known)		
Start Location (ie. Station, signal, traction post)			End Location		
Protection / Coordination					
Do you require the services of :	Protection <input type="checkbox"/> Form 1		Signals <input type="checkbox"/> Form 3		Electrical Safety Observer <input type="checkbox"/> SL265A Form
Are you providing your own qualified Rail Protection Officer?	No <input type="checkbox"/> Yes <input type="checkbox"/> (Please supply a completed Form 1)				
Protection Methodology Being used :	ITD <input type="checkbox"/>		Foul Time <input type="checkbox"/>		Blocking <input type="checkbox"/>
	Compulsory Stop Protection <input type="checkbox"/>		Track and Time Permit <input type="checkbox"/>		Work within Non interlocked Areas <input type="checkbox"/> Working Clear <i>(All work and machinery >4m from track centre or behind approved fencing/barrier)</i> <input type="checkbox"/>
Will you be using any Plant or Machinery?	No <input type="checkbox"/>		Hi Rail Vehicle <input type="checkbox"/>		Hiab/Crane <input type="checkbox"/>
	Other: Worksite access location?				
3.3kV SL265A Holder Name:			Contact Number:		
Work Party Names:			KiwiRail ID Or Competency Number:		
Conditions					
By submitting this form you are acknowledging that all personnel included in the works detailed within this document, and who will be entering the rail corridor, have attended KiwiRail Rail Safety Induction.					

SOUTH ISLAND PLANNING TEAM USE ONLY:

Access Given	YES - NO	Updated on Interface Planning Calendar: YES - NO	Week Number :
Updated on Interface Planning Tracker: YES - NO		Date Received:	



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