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| **Date Submitted** |  | **Date of Works** | | | | | |  | **WE or Week** | | |
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| **Contact Details** | | | | | | | | | | | |
| **Supervisor** | **Date** | **Time Shift Starts** | | | | **Time Shift Ends** | | **Mobile No** | | | |
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| **Type of Support/Track Work:** | | | |  | | **Track** | | **Location** | | **From** | **To** |
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| **Project Representative** | | | |  | |  | |  | |  |  |
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| **Work Order Number** | | | |  | | **Plant Access Point/SITE OFFICE** | | | | | |
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| **Work Centre's** | | | |  | |  | |  | |  |  |
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| **Rail** | | | |  | | **Sleepers** | | | | | |
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| **Detailed Description of Work** | | | | | | | | | | | |
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| **Full Description of Proposed Changes** | | | | | | | | | | | |
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| **Scope Change Advice Submitted By** | | | | | | | | | | | |
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| **Signal Support Manager:** | | | | | **Signal Support Required  Yes  No** | | | | | | |
| *Comments/precautions if support is not required* | | | | | | | | | | | |
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| Name | | | Signature | | | | Date | | | | |
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