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| --- | --- | --- | --- | --- |
|  | | | No |  |
| Project: |  | | | |
| Prepared By: |  | | | |
| Location/Description: |  | Work Package No: |  | |
| Specifications & Drawings |  | Date: |  | |
| Apparatus: | Axle Counter | Number/Name: |  | |
| Type Name: |  | Type Classification: |  | |
| Procedure: | PR S 47114, PR S 47115 | | | |

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| --- | --- | --- |
| No | Inspection /Test Performed: Equipment /Labelling/Installation/Operation Correct | Initials |
| 1 | Equipment types & configurations & installation physically correct to specifications/drawings |  |
| 2 | Firmware and configuration file correct to approved circuit design. |  |
| 3 | Check type and labelling of axle counter equipment items. |  |
| 4 | Axle counter wheel sensor connection, type and labelling to evaluator is correct. |  |
| 5 | Axle counter wheel sensor limits, fouling/clearance points correct. |  |
| 6 | Axle counter wheel sensor leads, cabling, terminations correct. |  |
| 7 | Surge protection and earthing correct. |  |
| 8 | Check wheel sensor position is as shown on the Track Insulation Plan |  |
| 9 | Check wheel sensor proximity to metal mass or other axle counter wheel sensors |  |
| 10 | Axle counter wheel sensor vertical and horizontal position correct |  |
| 11 | Axle counter wheel sensor orientation correct. |  |
| 12 | Axle counter wheel sensor and clamp bolts correctly torqued. |  |
| 13 | Axle counter wheel sensor calibration and assignment check |  |
| 14 | Axle counter track section occupancy check |  |
| 15 | Correspondence through tests correct. |  |
| 16 | Wheel sensor history card readings of parameters completed and correct. |  |
| 17 | Axle counter unconditional reset has been tested |  |
| 18 | Axle counter preparatory reset has been tested |  |
| 19 | Track stick circuit operation correct. |  |
| 20 | Impedance bonds, electrolysis bonds, spark gaps, traction bonding correct. |  |
| 21 | No spurious connections or earths and spark gaps are open circuit. |  |
| 22 | Circuit continuity tests, wire/null counts correct. |  |
| 23 | Required insulation tests correct. |  |
| 24 | Padlocks, locks fitted and correct. |  |
| 25 | Work Health and Safety/Environmental compliance, correct |  |
| 26 | Workmanship to best practice, equipment in good condition and to specifications |  |
| 27 | Redundant equipment securely inoperative, made safe/removed. |  |
| 28 | Ready for commissioning into use. |  |

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| Remarks: |
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| Work Status Statement | | | Received/Checked/Action Statement | | |
| The Work described above has been performed and recorded in accordance with the specified standard | | |  | | |
| Name: |  | | Name: |  | |
| Designation: |  | | Designation: |  | |
| Signature: | | Date: | Signature: | | Date: |
|  | |  |  | |  |