Commissioning Work Package

|  |
| --- |
| **{Insert Project Name}** |
| **{Insert Package Title (If more than one package is required)}** |
| I&T Plan No. | **{Insert.}** | Commissioning Work Package (CWP) No. | **{Insert}** |

|  |  |
| --- | --- |
| Prepared By: Commissioning engineer | {Insert Name} |
| Date: | {Insert Date} |

|  |
| --- |
| Reviewed and Approved By: |
| **See Authorisation of Commissioning Work Package Page 4** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of issue | {Insert Date} | Revision | {Insert Rev No} | Copy Number | {Insert Copy #} |

|  |  |
| --- | --- |
| Volume | **{Insert.} of {Insert}** |

Section 1 – Preparation

Authorisation of Commissioning Work Package

|  |  |
| --- | --- |
| Project | {insert project name} |

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| --- | --- |
| Stage |  |

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| --- | --- |
| Inspection and testing plan Reference no. |  |

|  |  |
| --- | --- |
| Work package no. |  |

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| This COMMISSIONING WORK PACKAGE is approved for use by:**Commissioning Engineer (Approved)**

|  |  |
| --- | --- |
| Name |  |
| Signature |  | Date |  |

**Regional signalling representative (Approved in principle)**

|  |  |
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| Name |  |
| Signature |  | Date |  |

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Safeworking Forms & Permits

|  |  |
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| Project |  |

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| Stage |  |

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| --- | --- |
| Inspection and testing plan Reference no. |  |

|  |  |
| --- | --- |
| Work package no. |  |

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| Form No | Required |  | Permits | Required |
| **Booking Authority** |  |  | High Voltage Feeders Isolation Orders | [ ]  Yes/[ ]  No |
|  NRF 003 | [ ]  Yes/[ ]  No |  | Working High Voltage Instruction  | [ ]  Yes/[ ]  No |
| **Locking Certificate** |  |  | Mains Access Permit | [ ]  Yes/[ ]  No |
|  Mechanical/Relay/RoutePR S 40022 FM01 | [ ]  Yes/[ ]  No |  | Substation Access Permit | [ ]  Yes/[ ]  No |
|  Design IntegrityPR S 40022 FM02 | [ ]  Yes/[ ]  No |  | Low Voltage Access Permit | [ ]  Yes/[ ]  No |
|  |  |  | Authority For Removal Of Supply From 1500 Volt Sections | [ ]  Yes/[ ]  No |
|  |  |  | 1500 Volt Overhead Wiring Permit To Work | [ ]  Yes/[ ]  No |
|  |  |  | Advice Of Alterations To Electrical System Operating Diagrams | [ ]  Yes/[ ]  No |
|  |  |  | Installation Test Report | [ ]  Yes/[ ]  No |
|  |  |  | Local Supply Authority Notification Of Electrical Work | [ ]  Yes/[ ]  No |

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| Checked By |
| Name | {Insert Name} |
| Position | {Insert Position Title} |
| Signature |  | Date: | {dd/mm/yy} |

Weekly Notices and Circulars

Scope of Works

Including:

List of Working Drawings, and

List of Commissioning Activities

Commissioning Program

Commissioning Notices

Prepared Pre-Commissioning Work Instructions

Pre-Commissioning Work Instruction

|  |  |  |
| --- | --- | --- |
|  | No. | {Insert} |
| Sheet  | {x of y} |
| Project: |  | Stage: |  |
| Inspection And Testing Plan Reference No. : |  | Work PackageNo.: |  |
| Shift Time: |  | to |  | Date: |  |
| Team Leader: |  | Team No: |  |
| Authorising Officer: |  | Date: |  |
| Prepared By: |  | Date: |  |
| Activity: |  |
| Standards/Procedures/Drawings |
|  |
| Activity/Task No. | Report to HQ Every: |  | Time Completed |
| Report by Radio CH: |  | Phone No: |  |
| Act | Task | Work Description |
|  |  |  |  |

(Work Instruction Continued)

|  |
| --- |
| Comments for Post Review Meeting |
|  |
| Reporting Instructions: |
| As Arranged with Commissioning Engineer |

|  |
| --- |
| Communications Directory |
| Headquarters: |  | Emergency Numbers |
| Signal Boxes: |  | Police: |  |
| Locations: |  | Ambulance: |  |
| Signal Post Telephones: |  | Hospital: |  |
|  | Operations Control: |  |
|  | Elec Trouble: |  |

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| Work Not Completed |
| Act | Task | Details | Transferred |
| Log Line Item | WI No. |
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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: |  |
| Position |  | Position |  |
| Signature | Date | Signature | Date |
|  |  |  |  |

Prepared Commissioning Work Instructions

Commissioning Work Instruction

|  |  |  |
| --- | --- | --- |
|  | No. | {Insert} |
| Sheet  | {x of y} |
| Project: |  | Stage: |  |
| Work PackageNo.: |  |
| Shift Time: |  | to |  | Date: |  |
| Team Leader: |  | Team No: |  |
| Authorising Officer: |  | Date: |  |
| Prepared By: |  | Date: |  |
| Activity: |  |
| Standards/Procedures/Drawings |
|  |
| Activity/Task No. | Report to HQ Every: |  | Time Completed |
| Report by Radio CH: |  | Phone No: |  |
| Act | Task | Work Description |
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(Work Instruction Continued)

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| Comments for Post Review Meeting |
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| Reporting Instructions: |
| Team Leaders are to report to the Headquarters at intervals shown on the front of this work instruction to advise progress and any problem that will delay completion of allocated activities and problems not directly related to your activities. |

|  |
| --- |
| Communications Directory |
| Headquarters: |  | Emergency Numbers |
| Signal Boxes: |  | Police: |  |
| Locations: |  | Ambulance: |  |
| Signal Post Telephones: |  | Hospital: |  |
|  | Operations Control: |  |
|  | Elec Trouble: |  |

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| Work Not Completed |
| Act | Task | Details | Transferred |
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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: |  |
| Position |  | Position |  |
| Signature | Date | Signature | Date |
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Prepared Post-Commissioning Work Instructions

Post-Commissioning Work Instruction

|  |  |  |
| --- | --- | --- |
|  | No. | {Insert} |
| Sheet  | {x of y} |
| Project: |  | Stage: |  |
| Work PackageNo.: |  |
| Shift Time: |  | to |  | Date: |  |
| Team Leader: |  | Team No: |  |
| Authorising Officer: |  | Date: |  |
| Prepared By: |  | Date: |  |
| Activity: |  |
| Standards/Procedures/Drawings |
|  |
| Activity/Task No. | Report to HQ Every: |  | Time Completed |
| Report by Radio CH: |  | Phone No: |  |
| Act | Task | Work Description |
|  |  |  |  |

(Work Instruction Continued)

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| Comments for Post Review Meeting |
|  |
| Reporting Instructions: |
| Team Leaders are to report to the Headquarters at intervals shown on the front of this work instruction to advise progress and any problem that will delay completion of allocated activities and problems not directly related to your activities. |

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| Communications Directory |
| Headquarters: |  | Emergency Numbers |
| Signal Boxes: |  | Police: |  |
| Locations: |  | Ambulance: |  |
| Signal Post Telephones: |  | Hospital: |  |
|  | Operations Control: |  |
|  | Elec Trouble: |  |

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| Work Not Completed |
| Act | Task | Details | Transferred |
| Log Line Item | WI No. |
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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: |  |
| Position |  | Position |  |
| Signature | Date | Signature | Date |
|  |  |  |  |

Minutes of Pre-Commissioning Meeting

Section 2 – Implementation

Register of Pre-Commissioning Work Instructions

Register of Pre-Commissioning Work Instructions

|  |  |
| --- | --- |
| Project: | Insert Project Name |
| WI No. | Team No. | Location/Work Activity | Issuing Officer Initial | IssuedDate/Time | CompletedDate/Time | CheckedDate/Time |
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Register of Commissioning Work Instructions

Register of Commissioning Work Instructions

|  |  |
| --- | --- |
| Project: | Insert Project Name |
| WI No. | Team No. | Location/Work Activity | Issuing Officer Initial | IssuedDate/Time | CompletedDate/Time | CheckedDate/Time |
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Register of Post-Commissioning Work Instructions

Register of Post-Commissioning Work Instructions

|  |  |
| --- | --- |
| Project: | Insert Project Name |
| WI No. | Team No. | Location/Work Activity | Issuing Officer Initial | IssuedDate/Time | CompletedDate/Time | CheckedDate/Time |
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Completed Pre-Commissioning Work Instructions

Completed Commissioning Work Instructions

Completed Post-Commissioning Work Instructions

Section 3 – Evaluation

Commissioning Certificate

Commissioning Certificate Part 1

|  |  |  |
| --- | --- | --- |
|  | No. | {Insert} |
| Page | 1 of 2 |
| Project: Name |  | Stage: |  |
| Location: |  | Contractor: |  |
| Weekly Notice No.: |  | Circular No. |  |
| Work Description |
|  |
| Item | Work Activity | Status | Signature |
| 1.0 | Work Instructions – All Checked and Actioned |  |  |
| 2.0 | Commissioning Log – All Entries Checked And Actioned |  |  |
| 3.0 | Control Systems – Certificate Of Work |  |  |
| 4.0 | Control Table Function Test/Design Integrity Certification |
| 4.1 | Mechanical/Relay/Route Interlocking Tests |  |  |
| 4.2 | Design Integrity Tests |  |  |
| 4.3 | C.B.I. Tests |  |  |
| 4.4 | Auto-Section Tests |  |  |
| 4.5 | Block Instrument and Staff Instrument Tests |  |  |
| 4.6 | Level Crossing Tests |  |  |
| 4.7 | Aspect Sequence Tests |  |  |
| 4.8 | Points Correspondence Tests  |  |  |

Continued on next page

Commissioning Certificate - Part 2

|  |  |  |
| --- | --- | --- |
|  | No. | {Insert} |
| Page | 2 of 2 |
| Item | Work Activity | Status | Signature |
| 5.0 | Documents Checked, Complete and Certified |
| 5.1 | Type Approvals |  |  |
| 5.2 | Issued Design Documents(List in detail, Attach additional sheet if necessary) | Show the status of Inspection, testing and certification associated with each item listed. |  |
| 5.3 | Modifications (List first and last Nos) |  |  |
| 5.4 | Track Circuits: Master Sheets (No.1 & 2) Track History Cards |  |  |
| 5.5 | TC-4 - Trainstops |  |  |
| 5.6 | TC-6 - F.P.L. and Detection |  |  |
| 5.7 | TC-10 - Level Crossings |  |  |
| 5.8 | TC-\* \*(Any additional TC’s as required) |  |  |
| 5.9 | C.B.I. Certificates(List in detail, Attach additional sheet if necessary) |  |  |
| 6.0 | Exceptions (List details of any work not to be not to be commissioned into use. Attach additional sheet if necessary.) |  |  |
| Commissioning Statement - I certify that the work as detailed on this certificate has been inspected and tested and is functional and fit for purpose in accordance with the specified requirements, and ready to be brought into use |
| Name |  |
| Position |  |
| Signature | Date | Time |
|  |  |  |

Control Systems Certificate of Work

Certificate of Work

|  |  |
| --- | --- |
| Project: |  |
| ATRICS area: |  |
| Item | System Name | Location | Nature of Work Carried Out. |
| 1 |  |  |  |
| Above system(s) has (have) been assessed and determined to fully comply and pass the Site Acceptance Test (SAT) in associated documents.Therefore, above System(s) is (are) issued with the Certificate of Work document that allows the System(s) to be used for the purpose, and at the locations as listed above |
| Name |  | Name: |  |
| Position |  | Position |  |
| Signature | Date | Signature | Date |
|  |  |  |  |

Commissioning Log

Commissioning Log

|  |  |
| --- | --- |
| Project: | Insert Project Name |
| LineItemNo. | Date/Time | Team | Reported By | Report | Action;Transferred to WI No/See Line Item No. |
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| Checked By |
| Name: | Insert Name |
| Position: | Insert Position Title |
| Signature: |  | Date: | dd/mm/yy |

Attendance Book

Report on Post-Commissioning Meeting

Transmittals

Memorandum of Document Exchange

|  |  |
| --- | --- |
| To: | From: |
|  | Name: |  |
|  | Signature: |  |
|  | Date: |  |
| Project: |  |
| I.W.P. No. |  |
| Document No. | Type | Document Description | Document Date | Quantity |
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| Remarks: |
|  |
| For information contact:  |
| **Name:** |  | **Phone:** |  |
| Receipt Acknowledgement |
| I acknowledge receipt of the above listed documents

|  |  |
| --- | --- |
| Name: | {Insert Name} |
| Position: | {Insert Position Title} |
| Signature: |  | Date: | {dd/mm/yy} |

Please acknowledge by signing receipt acknowledgment and returning to sender. |