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| --- |
| **EMPLOYEE DETAILS** Date: Select Date |
| Employee Name |   | Rail Industry Worker Card No.: |   | Rail Safety Worker Card No.: |   |
|  |  |  |  |
|  |  |  |  |
| Position Title |   | Organisation’s Name |   |
|  |  |  |  |
| **INCIDENT DETAILS** |
| Background:  |
| **AGREED OUTCOME/IMPROVEMENT REQUIREMENTS** |
| **Signalling Competency** | **Issue(s) to be addressed** | **Corrective actions to be taken (e.g. training plan, timeframe etc.)** | **Date and summary of Progress Review/Reinstatement** |
| 1.  | *
 |  |   |
| 2.  | *
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| 3.  | *
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| 4.  | *
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| **ADDITIONAL EMPLOYEE COMMENTS** | **INVESTIGATING ENGINEER COMMENTS** |
|   |   |
|  |
| Employee Name |   |  |  |
|  |  |  |  |
| Employee Signature |  | Date |  |
|  |  |  |  |
| Investigating Engineer |   |  |  |
|  |  |  |  |
| Investigating Engineer Signature |  | Date |  |
| **A copy of this plan is to be forwarded to the Principal Engineer Signalling Integrity (****signallingcontrolsystemsintegrity@transport.nsw.gov.au****).** |

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