

Form: Prestart Briefing
 Form No: RT-F-020
 Date Issued: May-11

RAILTRAIN PTY LTD PRESTART BRIEFING



Daily tasks to be performed:	Date:	Name of person in charge of safeworking:			
Is work different than your normal routine work activities?	YES	NO	Do all person(s) have their rail accreditation?	YES	NO
Is there potential for a high risk?	YES	NO	<i>E.g. Track Access Permits. (If not ensure that particular person(s) does not commence work unless an exemption has been issued)</i>		
Does it involve inexperienced workers?	YES	NO			
Is it likely to affect members of the public or other non employees?	YES	NO	All personnel have been advised that they must be fit for work and free of the effects of alcohol and other drugs (AOD) and will be liable to random, post incident or causal testing for AOD?		
If you answer yes to any of the above you must either complete a JHA or review the clients JHA.					
Has the Train Controller been notified of your location, work and protection systems in place?	YES	NO	What safeworking rule will be applied? <i>E.g. But not limited to Rule 191, 192, 197, 199-200</i>	YES	NO

District Train Controller:Phone No:.....Time:..... Date: / /
 (E.g. Metro)

The site specific and task specific hazards for this work and the control measures to be adopted are as follows:

No.	Hazard:	Controls:

NOTE: It is the responsibility of the supervisor/leading hand to ensure that persons who do not have English as a first language have understood the briefing.

Briefer's Name: _____ Signature: _____ Location: _____ Time: _____

By signing this form I acknowledge that I have attended the Pre Start Briefing. The Person in charge of rail safeworking and the specific hazards & controls identified above have been discussed and are clearly understood. I have had the opportunity to ask questions.

Name	Signature	Name	Signature	Name	Signature