

# Request for Deviation from Metrolinx Standard Requirements

Deviation Name

## Definitions

Hazard - any source of potential damage, harm, or adverse health effect to people, property, equipment or the environment

Risk Controls - reduce the consequences or likelihood of a risk where it is not reasonably practicable to eliminate a risk through early intervention via planning and design processes

Residual risk - the amount of risk or danger associated with an action or event remaining after natural or inherent risks have been reduced by risk controls (for example, the amount of risk of injury remaining when someone uses a seatbelt represents a residual risk)

## 1. General Details:

Contract/Project Name:

Timeline Constraints: (Contractual agreement impacting typical Deviation turnaround times)

Deviation description - General:

Discipline (for example, signal, structures, track, electrification, etc.):

## 2. Deviation Request Details:

Relevant Metrolinx Standard:

Section or clause:

Asset type/Metrolinx group(s) to which deviation applies:

## 3. Deviation Type Requested:

☐ Permanent

(A permanent deviation is valid only for the project listed here)

Project Name  
and Details:

☐ Temporary

Start date:

End date:

☐ Interim/Urgent

(Valid for only 10 working days from the date of issue)

Start date:

## 4. Specific Standard or Requirement that cannot be met (describe what cannot be met and provide background info):

## 5. Justification of why the requirement is not reasonably practicable to be met or how the proposed alternative solution provides a better outcome:

- 6. Proposed alternative non-standard solution** (describe all options that were considered and associated risks and costs. Highlight the proposed [preferred] alternate that will apply in place of the relevant Metrolinx standard or requirement):

*Note: A separate Options Report should be included for complicated concerns or deviations. See Section 2.2 of the Deviation Procedure.*

- 7. Cost implications to Metrolinx if proposed alternative is accepted** (provide additional detail regarding risks and costs comparisons of all viable options):

- 8. Deviation Request Details** (additional relevant details regarding the proposed alternate):

- 9. Risk Assessment Details** (this shall be a separate detailed report):

The Risk Assessment report shall include:

- ☐ Hazards
- ☐ Risk controls to mitigate risk to so far as is reasonably practicable (SFAIRP)  
*Note: Risk control owners must be clearly identified.*
- ☐ Residual risks

- 10. Factors which Bear on the Risk** (describe circumstances or factors that affect or modify the risk, and explain the effect either positive or negative [for example, the risk of damage due to excessive moisture ingress for a device or element may be decreased if it is located under a canopy compared to out in the open, etc.]):

- 11. Implications on non-safety related aspects if proposed alternative is accepted** (such as customer experience, operations, reliability, maintenance requirements, durability, track access, etc):

- 12. Other supporting documents or artefacts** (provide supporting evidence to justify claims or technical assessments provided in the deviation request):

- 13. Attachments - list names of any attachments** (please note that the risk assessment report is mandatory to be included):

- 14. Requestor's Details** (may also be Responsible Body):

|                                  |                                           |
|----------------------------------|-------------------------------------------|
| Name of applicant:               | <i>If different from Responsible Body</i> |
| Organization and position title: |                                           |
| Authorization:                   |                                           |
| Email address:                   |                                           |

|            |                    |
|------------|--------------------|
| Signature: | Date (dd/mm/yyyy): |
|------------|--------------------|

**15. Endorsement by Sponsor Office** (Program Sponsor to complete):

|                        |                    |            |  |
|------------------------|--------------------|------------|--|
| Representative Name:   |                    |            |  |
| Position Title:        |                    |            |  |
| Organization or Group: |                    | Mobile:    |  |
| Email address:         |                    | Telephone: |  |
| Signature:             | Date (dd/mm/yyyy): |            |  |

**16. Endorsement by Responsible Body** (Vice President of Metrolinx group managing the contract):

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------|--|
| <input type="checkbox"/> Evidence demonstrates that all alternative options have been sufficiently investigated and addressed.<br><input type="checkbox"/> Stakeholder interests have been properly investigated and addressed.<br><input type="checkbox"/> The proposed deviation and risk controls do not give rise to new risks or outcomes that are unacceptable to Metrolinx.<br><input type="checkbox"/> All information relevant to the request is available and attached including the list of stakeholders consulted by the Responsible Body - names of organizations and the name and position title of the representative of each of the organizations. |                    |            |  |
| Representative Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |            |  |
| Position Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |            |  |
| Organization or Group:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    | Mobile:    |  |
| Email address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    | Telephone: |  |
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Date (dd/mm/yyyy): |            |  |

All requests shall be duly filled, signed by the requestor, endorsed by the responsible body, and submitted electronically to E&AM via email to [MxDeviationRequest@metrolinx.com](mailto:MxDeviationRequest@metrolinx.com) in an open industry standard format, such as PDF.

**Engineering & Asset Management** (internal use only):

|                |            |                       |         |
|----------------|------------|-----------------------|---------|
| Date received: | DD/MM/YYYY | Deviation Request No: | DEV-### |
|----------------|------------|-----------------------|---------|