

GO TRANSIT SIGNALS & COMMUNICATIONS
CODES OF PRACTICE

Service Test Form

Service Test Data	
Metrolinx Designate:	Subdivision:
Mileage:	Equipment:
Manufacturer:	Type/Model:

Description of Service Test	
Test Start Date:	Finish Date:
Test Purpose/Description:	
Criteria for Successful Outcome:	
Test Under Supervision of:	Date:

Metrolinx Authorization	
<input type="checkbox"/> Equipment meets all applicable AREMA and other applicable industry standards. <input type="checkbox"/> A similar service test is not already ongoing.	
Equipment is safety critical: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, <input type="checkbox"/> Equipment has passed safety audit. Performed by: _____	
Authorized By:	Date:

Evaluation Results:

DISTRIBUTION:

- (1) - Copy to Metrolinx designated Supervisory Officer(s) (to be retained until termination of test)
- (1) - Copy to Metrolinx, Manager of Signals & Communications