

**GO TRANSIT SIGNALS & COMMUNICATIONS
CODES OF PRACTICE**

In Service Notification

Location Name		Date	
Subdivision		Time	
Mile		Location Type	
Work Type	<input type="checkbox"/> Installed <input type="checkbox"/> Modified <input type="checkbox"/> Relocated <input type="checkbox"/> Removed		
Project Scope			
Remaining Restrictions			
In Service Notification Email List	Metrolinx Capital Program Group		
	Metrolinx Rail Operations		
	Metrolinx Designated Maintenance Contractor		
	CN/CP/TTR RTC		
	CN/CP/TTR S&C Call Desk		
	Metrolinx Consultant / Owner's Rep./Engineer on Record		
	Third Party (if applicable)		
	Transport Canada (If applicable)		
	Other		
Notes			
In Service Notification Sent	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Responsible Supervisory Officer			