

GO TRANSIT SIGNALS & COMMUNICATIONS CODES OF PRACTICE

| | | | |
|----------------------------|--|------------|--|
| MX Project # or Contract # | | Contractor | |
| Road | | City | |
| Subdivision | | Mileage | |
| Description | | | |

Primary Design Contact:
 Name: _____ Phone: _____

Contractor Designed: ☐ Yes ☐ No Contractor Project #: _____

Design Contractor Primary Contact:
 Name: _____ Phone: _____
 Firm: _____

The drawings attached have been found to conform to all appropriate AREMA recommended practices, Metrolinx standards, and are consistent with safe railway operations.

Signed _____
To be signed by the contractor designing or checking the plans

Purpose: ☐ For Review ☐ For Approval ☐ As Built
☐ Issued For Construction ☐ Other _____

☐ Designed By: _____
☐ Approved By: _____

Drawings: ☐ Attached ☐ Under Separate Cover

Drawing List:

| Drawing # | Total Sheets | Orig. | Rev. | Obs. | Date | Copies |
|-----------|--------------|--------------------------|--------------------------|--------------------------|------|--------|
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
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Orig. = Original - Rev. = Revised - Obs. = Obsolete

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Date (mm/dd/yy)

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