

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

## Inspection Audit Form for New Installations

### SITE INFORMATION

Sub		Mile		Date	
Project		Staged	<input type="checkbox"/> Yes <input type="checkbox"/> No	Final	<input type="checkbox"/> Yes <input type="checkbox"/> No
S&C Manager			Supervisor		
Maintainer					

### CUTOVER PLANNING

Pre-cut-over meeting - 1 <sup>st</sup> Shift		2 <sup>nd</sup> Shift	
OK to Proceed			

### CUTOVER ATTENDANCE

Standards			
Design			
Supervisory Officer. - 1st Shift		S. O. - 2 <sup>nd</sup> Shift	
Construction Supervisor		Inspector	
Signal Foreman			
Crew members			
Other Metrolinx Employees			
Supplier Support	<input type="checkbox"/> Present <input type="checkbox"/> Notified to be on call <input type="checkbox"/> Not contacted prior to cutover Name: _____ Phone: _____		

### INVENTORY & TESTING DOCUMENTATION

Completed & Printout Attached	<input type="checkbox"/> EAM inventory <input type="checkbox"/> GI Report <input type="checkbox"/> SCP applicable Notes: _____
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Subdivision:	Mileage (Main Housing):	
Location name:	Cutover Start Date:	Time:
Authorize to Proceed (Name):	In Service Date:	Time:
Observed By:		

RECORD OF TRAIN MOVES					INSTALLATION CUTOVER ISSUES
#	Time	Train Number	Train Move	Xing Protection	Delays / Problems Observed / Comments
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

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