

GO TRANSIT SIGNALS & COMMUNICATIONS
CODES OF PRACTICE

Power Clearance Form
SCP-1506(A)

No. <input style="width: 150px;" type="text"/>	
Held by: <input style="width: 300px;" type="text"/>	
Date: <input style="width: 150px;" type="text"/>	Subdivision: <input style="width: 150px;" type="text"/>

Limits of Clearance	
From (Mileage Point): <input style="width: 80px;" type="text"/>	To (Mileage Point): <input style="width: 80px;" type="text"/>

The line, cable, and/or electrical apparatus are to be considered LIVE until confirmation of isolation OR de-energization is received and noted below.

☐ Limits are Isolated, Locked & Tagged

☐ Limits are De-energized, Locked & Tagged

Time: Date:

THIS POWER CLEARANCE IS HELD BY, AND IS THE RESPONSIBILITY OF, THE QUALIFIED PERSON IN CHARGE OF THE LINE, CABLE, AND/OR ELECTRICAL APPARATUS COVERED BY THE LIMITS OF THE CLEARANCE, AND MAY BE EXTENDED TO OTHER PERSONS AS LISTED BELOW. A PERSON ACCEPTING THE EXTENSION SHALL COPY THE TOP PORTION OF THIS CLEARANCE FORM VERBATIM. THE POWER CLEARANCE **CANNOT** BE RETURNED UNTIL **ALL** NAMED PERSONS TO WHOM IT HAS BEEN EXTENDED HAVE **DIRECTLY** REPORTED TO BE **FREE AND CLEAR** OF THE LINE, CABLE AND ELECTRICAL APPARATUS.

PROTECTION EXTENSION						
Protection Extended To	Time	Date	Location	Reported Clear	Clear Time	Clear Date
1. _____				<input type="checkbox"/>	_____	_____
2. _____				<input type="checkbox"/>	_____	_____
3. _____				<input type="checkbox"/>	_____	_____
4. _____				<input type="checkbox"/>	_____	_____
5. _____				<input type="checkbox"/>	_____	_____
6. _____				<input type="checkbox"/>	_____	_____
7. _____				<input type="checkbox"/>	_____	_____
8. _____				<input type="checkbox"/>	_____	_____
9. _____				<input type="checkbox"/>	_____	_____
10. _____				<input type="checkbox"/>	_____	_____

<input type="checkbox"/> Clearance Returned	Initials: _____	Time: _:____	Date: _/____/____
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NOTES
