

**GO TRANSIT SIGNALS & COMMUNICATIONS
GENERAL INSTRUCTIONS**

620(a)-F Inspection form for Rail & Crib Heater (Thermal Flex) Systems

Subdivision		Mileage	
Location Name		SCD/Switch ID	
Inspected by		Date of Inspection	

Item	Action	Check
General	New Installation	<input type="checkbox"/>
	Existing Installation	<input type="checkbox"/>
	Planned Repairs	<input type="checkbox"/>
	Spring Shut Down	<input type="checkbox"/>
	Winter Start up	<input type="checkbox"/>
Switch layout	1. Switch crib area ballast is clean, properly tamped and drains properly. 2. All ties tie clips, plates, bolts, switch rods are in place and secure. 3. Switch points are aligned properly. 4. Observed - There is no evidence of excessive pumping of the switch points or the stock rail.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
AC Power	Measured Voltage at Crib Jct. Box _____ V AC.	<input type="checkbox"/>
Insulated Channel(s)	Thermal Flex Insulated aluminum channel(s) are secured with all required steel rail clips and in good condition.	<input type="checkbox"/>
Heating Element(s)	Thermal Flex heating element(s) cable routing and jct. box connections are secure and in good condition.	<input type="checkbox"/>
Crib Heater(s)	Thermal Flex Crib heater(s) are clear of debris and properly connected.	<input type="checkbox"/>
Therma Flex Heater Performance (Temperature)	Infrared Temperature sensor measurements:	
	Ambient Temperature: _____ °C	<input type="checkbox"/>
	1. Crib Heater (front rod): _____ °C	<input type="checkbox"/>
	2. Crib Heater (second rod): _____ °C	<input type="checkbox"/>
	3. Heater Element - north rail (heel end): _____ °C	<input type="checkbox"/>
Upon Completion of Inspection	4. Heater Element - south rail (heel end): _____ °C	<input type="checkbox"/>
	Winter	
	AC Power Feed ON	<input type="checkbox"/>
	Spring	
	AC Power Feed Locked out	<input type="checkbox"/>

Legend
 (✓) - Check complete, equipment in satisfactory condition.
 (/) - Test not performed or not applicable.
 (X) - Check complete, equipment requires repair or replacement. Indicate in the Comments/Observations table below, the issue and corrective action.

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Item	Action	Check
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Comments /Observations:

