Deviation Request Form

|  |
| --- |
| Deviation Name: |

| **Definitions** |
| --- |
| Hazard - any source of potential damage, harm, or adverse health effect to people, property, equipment, or the environment.  Risk Controls - reduce the consequences or likelihood of a risk where it is not reasonably practicable to eliminate a risk through early intervention via planning and design processes.  Residual risk - the amount of risk or danger associated with an action or event remaining after natural or inherent risks have been reduced by risk controls (for example, the amount of risk of injury remaining when someone uses a seatbelt represents a residual risk). |

**1. General Details:**

| Project Name & Number: | | |
| --- | --- | --- |
|  | | |
| Timeline Constraints: (Contractual agreement impacting typical Deviation turnaround times) | | |
|  | | |
| Deviation Request Completion Date (PDT commits): |  | |
| Notice of Deviation (NoD) Need by Target Date: |  | |
| General Description: | | |
|  | | |
| Discipline (example: signals, structures, track, electrification, etc.): | |  |

**2. Deviation Request Details:**

| Relevant Metrolinx Standard: | | Section or clause: | |
| --- | --- | --- | --- |
|  | |  | |
| Asset Class / Metrolinx group(s) to which deviation applies: |  | | |
| **3. Deviation Type Requested:** | | | |
| Permanent  (A permanent deviation is valid only for the project listed here) | Project Name and Details: | |  |
| Temporary | Start date: | |  |
|  | End date: | |  |
| Interim/Urgent  (Valid for only 10 working days from the date of issue) | Start date: | |  |
| **4. Specific standard or requirement that cannot be met** (describe what cannot be met and provide background information): | | | | |
|  | | | | |

| **5. Justification** (why the requirement is not reasonably practicable to be met, or how the proposed alternative solution provides a better outcome?): |
| --- |
|  |
|  |
| **6. Proposed alternative/non-standard solution** (describe all options considered and associated risks and costs. Highlight the proposed [preferred] alternate that will apply in place of the relevant Metrolinx standard or requirement):  *Note: A separate Options Report should be included for complicated concerns or deviations. See Section 2.2 of the Deviation Procedure.* |
|  |
| **7. Cost implications to Metrolinx of proposed alternatives** (provide additional detail regarding risks and cost  comparisons of all viable options: |
|  |
| **8. Deviation Details** (provide additional relevant details regarding the proposed alternate): |
|  |
| **9. Risk Assessment Details** (a separate Metrolinx Hazard Management Toolkit (MXSD-SSA-L3-TK-0004) shall be  provided): |
| The Risk Assessment report shall include:  Hazards  Risk controls to mitigate risk to so far as is reasonably practicable (SFAIRP)  *Note: Risk control owners must be clearly identified.*  Residual risks |
| **10. Risk Factors** (describe circumstances/factors that affect/modify the risk, and explain the effect, positive/negative. For  example, the risk of damage due to excessive moisture ingress for a device or element may be decreased if it is located  under a canopy compared to out in the open, etc.): |
|  |
| **11. Implications on non-safety related aspects** (example: customer experience, operations, reliability, maintenance requirements, durability, track access, etc.): |
|  |
| **12. Other supporting documents or artifacts** (provide supporting evidence to justify claims or technical assessments  provided in the deviation request): |
|  |

| **13. Attachments – list names of any attachments** (note - Metrolinx Hazard Management Toolkit is a mandatory  requirement): |
| --- |
|  |

**14. Requestor’s Details** (may also be Responsible Body):

|  |  |  |
| --- | --- | --- |
| **Name:** |  | |
| **Title:** | **Organization or Metrolinx Group:** | **Email Address:** |
|  |  |  |
| **Signature & Date:** |  | |

**15. Metrolinx Project Delivery Team Details** (Manager or higher to complete):

|  |  |  |
| --- | --- | --- |
| **Name:** |  | |
| **Title:** | **Metrolinx Group:** | **Email Address:** |
|  |  |  |
| **Signature & Date:** |  | |

**16. For Information:**

|  |  |
| --- | --- |
| **Title:** | **Name:** |
| *List all applicable (Head) Sponsors* |  |
| Vice President, Metrolinx Project Delivery Team |  |
| Vice President, Technical Systems Integration Asset Management & Maintenance |  |

All requests shall be duly filled out, signed by the Requestor, Metrolinx Project Delivery Team, and submitted electronically to AM&M via email to MxDeviationRequest@metrolinx.com in both PDF, and a Word file format.