

**Metro Transit Department**

**Rail Division**

**TRACK ALLOCATION REQUEST/ WORK PERMIT FORM**

***To open/close permits or to report an emergency call:***

**Link Control Center (LCC) 206-205-8177**

**Permit # P22-**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company Name(s) include all sub-contractors: | | | | | | Main Office Phone: | | | | | | |
| Onsite Work Crew Leader’s Name: | | | | | | On Site Phone: | | | | | | |
| LOTO Contact Name (if applicable): | | | | | | LOTO Contact Phone: | | | | | | |
| Number of Work Sites: | | | | | | Number of Employees: | | | | | | |
| Sound Transit Project Manager Name: | | | | | | ST Project Mgr. Phone: | | | | | | |
| **Describe the type of work being performed:** *Be as detailed as possible including, who, what, when, where, why and how. A detailed work plan is also required as a separate attachment, please include relevant pictures and drawings.*  Names of the employees that will be working under this permit (must be ROW trained) – *on site substitutions are permitted with ROW training card, picture ID, and approval of the EIC* | | | | | | | | | | | | |
| **List tools & equipment to be used:**  On Track Equipment (OTE):(If yes, Sound Transit Hi-Rail Vehicle Verification Form must be included with request) **YES**  **/NO** | | | | | | | | | | | | |
| **Location of work (please provide details):** | | | | | | | NORTH | |  | SOUTH |  | |
| **PROTECTION REQUIRED – determined by KCM Link Light Rail Personnel** | | | | | | | | | | | | |
| **De-Energize TPSS** |  | **Lockout Tags**  **Lockout Locks** | |  | Work Zone | | |  | KCM Link Staff Employee in Charge | | |  |
| **Energize TPSS** |  |
| **De-Energize OCS** |  | Flagger’s Required | | |  | Confirm support arrangements 24 hrs in advance and again 1 hr | | |  |
| **Energize OCS** |  |
| **Bore Closure Required** |  | Track Switching | |  | LRV Operations | | |  | KCM Link Staff Employee in Support | | |  |
| **Single Tracking** |  |
| **Special Requirements:**  **REQUESTOR: Complete the chart below with each date/time you are requesting to work within the week, permits begin 0001 on Monday’s and conclude at 2359 on Sundays.**  **Date Time**   |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | | | | | | | | | | | | |
| CONTRACTOR/PERMIT HOLDER AGREES TO THE FOLLOWING | | | | | | | | | | | | |
| **I have read and understand the rules and requirements detailed in Standard Operating Procedure (sop) 6.15 current revision**  **(see** [**https://www.kcmetroraildivision.com/track-access**](https://www.kcmetroraildivision.com/track-access)**) and will abide by all aspects of said sop.**  **This Permit may be revoked at any time for violation of rules & requirements or as deemed necessary for the safety of personnel and equipment.** | | | | | | | | | | | | |
| PERMIT HOLDER MUST REPORT CANCELLATIONS AS FOLLOWS: | | | | | | | | | | | | |
| **Notify, by phone KCM support chief of any permit cancellations that have KCM support scheduled.**  **Report the cancellation using the QR code, forward a copy to your ST Project Manager and the support craft Chief involved (if applicable)**    **If not using the QR code, e-mail Permit Cancellations at** [**permitcancellations@soundtransit.org**](mailto:permitcancellations@soundtransit.org) **and ST Project Manager (if applicable).**  **Must include the permit # in the subject line and indicate the reason for the cancellation.**  ***Contact info noted on this permit, see Sound Transit Project Manager Name and KCM LINK Authorization information*** | | | | | | | | | | | | |
| Submitted by (name and contact number): | | | | | | | | | Date: | | | |
| KCM LINK Authorization | | | | | | | | | | | | |
| **Signals/Comm Dept.** James Sanderson  206-503-3124 cell  [James.Sanderson-KCRail@soundtransit.org](mailto:James.Sanderson-KCRail@soundtransit.org) | | | **Traction Power Dept.**  Titus Hinga 206-661-9623 0600-1400 Hours  [Titus.Hinga-KCRail@soundtransit.org](mailto:Titus.Hinga-KCRail@soundtransit.org)  Maria Roberts 206-677-6071 1400-2200 Hours  [Maria.Roberts-KCRail@soundtransit.org](mailto:Maria.Roberts-KCRail@soundtransit.org) | | | | | | **Restricted Access Office:**  Approved  Denied | | | |
| **SCADA Dept**. Adam LaZerte  206-833-1983 cell / 206-903-7739 after hours  [Adam.Lazerte-KCRail@soundtransit.org](mailto:Adam.Lazerte-KCRail@soundtransit.org) | | |
| **Facilities Dept:** James Thames (Electricians)  206-619-4488 cell / 206-398-5361 ofc.  [James.Thames-KCRail@soundtransit.org](mailto:James.Thames-KCRail@soundtransit.org)  Kevin King (Mechanics)  206-945-8791 cell / 206-903-7762 ofc.  [Kevin.King-KCRail@soundtransit.org](mailto:Kevin.King-KCRail@soundtransit.org) | | | **Track Dept:** Mike Larson (Day)  206-255-0482 cell /206-903-7723 ofc  [Mike.Larson-KCRail@soundtransit.org](mailto:Mike.Larson-KCRail@soundtransit.org)  Robert Garraway (Graveyard)  206-945-7620 cell / 206-553-3785 ofc  [Robert.Garraway-KCRail@soundtransit.org](mailto:Robert.Garraway-KCRail@soundtransit.org) | | | | | |
| **KCM LINK Track Access Representative:**  Kathy Morgan 206-519-9163, Lauren Griffiths 206-953-9145 or Molly Cornell, 206-666-7259  For more information, please visit: [**https://www.kcmetroraildivision.com/track-access**](https://www.kcmetroraildivision.com/track-access)) | | | | | | | | | Date: | | | |
| ATTENTION **A hard copy of the permit and each employee’s ROW card must be at the work site at all times.** | | | | | | | | | | | | |

Rev 09/29/2022