



**TRANSPORT
FOR LONDON**



Contractor Tracker™
Contractor User Guide



Introduction

Welcome to the **TRANSPORT FOR LONDON** personalised **Contractor Tracker** system built by Solution Technologies Ltd.

To get started we have detailed a step-by-step guide to using Contractor Tracker effectively. We have included system screen shots with numbered instructions throughout this document to help guide you through the system easily.

If you encounter any problems with the system please refer to this guide. If the guide does not help find the answer please contact TFL direct (contact details are on the top right corner of the system):

Getting Started

In order to access your Contractor Tracker system you have to log onto the web address detailed in blue below. Please type this address into the top address bar. **Do not access the system via Google** as this is a search engine and will only find the Contractor Tracker marketing website. Thank you and enjoy your Contractor Tracker system experience.

Log onto: <https://tfl.ctracker.co.uk>

Login Details (for Contractors only)

Before you can use your Contractor Tracker system you will have to make a **New Registration**, see **New Registration > Step 1 of 2**. When making this registration you will be asked to use your email address as a user name and create a password. **Please remember these details as they are your only logins**. If you wish you can note them below but please remember this is confidential information.

Username (email address):

Password:



Contractors

Making a New Registration



New Registration

Making a **New Registration** on this Contractor Tracker system. All contractors must complete the following steps to make a 'one-off' Registration. Once this procedure has been submitted the details will go to the TFL's admins. You must then wait for it to be approved by an admin. If it is approved you will receive an approval email from the TFL. Once approved you will be a **TFL** registered contractor and **ONLY** then will you be able to make work requests.



Welcome Page

Welcome to the 'Transport for London' Contractor Tracker system. Please note your registration is required only once.

Please complete the following 2 Steps.

New Registration: Click box

Step 1 of 3

1. Please key in **Your Company Details**.
2. Create a Password. Please refer to the password guidelines shown.

Step 2 of 3

3. Company Information
4. Company Address

> Continue

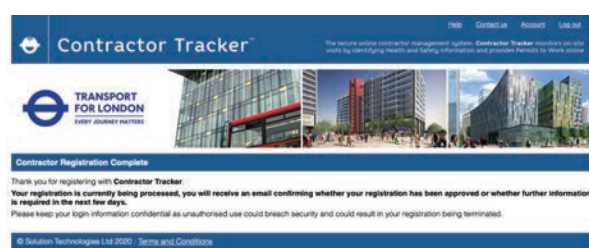
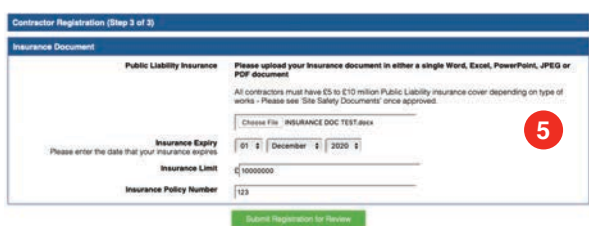
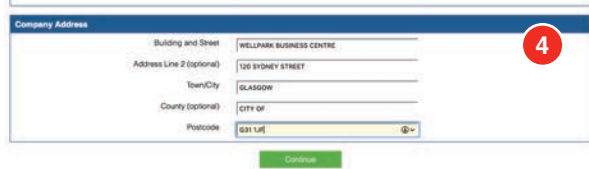
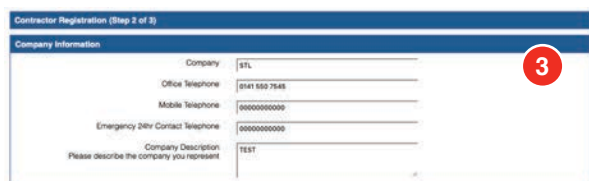
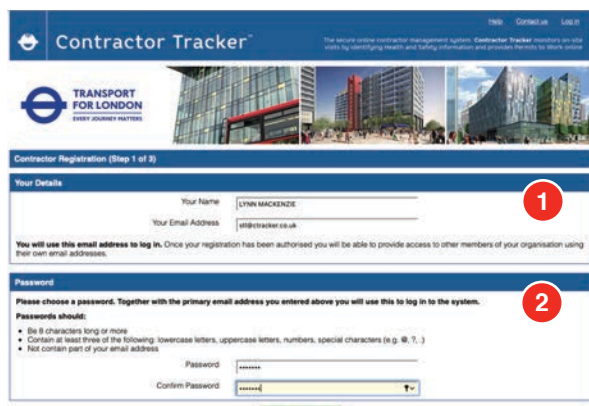
Step 3 of 3

5. **Insurance Document information:** complete Public Liability Insurance upload, Insurance Expiry Date and Insurance Limit.

Insurance Policy Number: please add. (Accepted file formats: **Word, JPEG, PDF** and **Excel**. **Keep upload file size to a minimum!**)

> Submit Registration for review.

Registration is now Complete



**NB. This information has been sent to the appropriate admins for review. It is up to their discretion when they review it. If you think that it is taking too long please contact TFL direct. Contact details can be found on the system located within a top right hand corner.*



Contractors

H&S Questionnaire Section



Safety, Health and Environment Questionnaire (Step 1 of 1)

(For completion by engaged Consultants, Designers, Principal Contractors, Contractors)
The following questionnaire is designed to assess your Company's competence in respect of Health and Safety.

Guidance Notes for Contractors:

- Failure to provide the required documents or submit a full response to all questions may result in failure to pre-qualify.

All fields marked with a * are compulsory

To be completed by Tendering Company

Company Name Save

Form Completed By Save

Position/Title Save

Stage 1 Assessment

Resources
Please outline how your company ensures the availability of resources to establish, implement, maintain and improve occupational health and safety. Save

Policy
Please provide a copy of your company's Statement of Intent demonstrating good settings and availability of resources to achieve. Choose File: no file selected

Competency
Please outline how your company ensures employee competency. Save

Competency
Please provide a copy of your company's competency matrix for work undertaken at TFL. Choose File: no file selected

Risk Management
Please outline how your company assesses and manages risk. Save

Risk Management
Please provide an example of a risk assessment your employees used for a recent task. Choose File: no file selected

Risk Management
Please provide an example of a method statement your employees used for a recent task. Choose File: no file selected

Monitoring
Please outline how your company monitors and reviews HSE. Save

Monitoring
With an example, please outline the methodology your company uses to identify the root causes of incidents. Save

Auditing
Please outline how your company audits your HSE performance. Save

Auditing
With an example, please outline how your company identifies and takes action in relation to audit non-conformances. Save

Safety, Health and Environment Questionnaire - for Contractor

1. Safety, Health and Environment Questionnaire to be completed by all contractors!

Contractors will receive an email from TFL's admins asking to complete the **Safety, Health and Environment Questionnaire**. **This email will be sent once stage one of the Registration process is complete.** The email includes a link to the login page. Log into the system and fill out the questionnaire.

Complete and submit. Admin will then check all uploads and either **Approve** or **Decline**.

If Approved: you are now an Approved TFL contractor and can now access and use the system.

If Declined: the system will notify you to amend your questionnaire. Notification including a reason why will be sent to you.

HSQ and Registration is now complete!



Generated 'H&S Competence Pre-Qualification emails

Email 1. Upon completion of the **New Registration** form a **Safety, Health and Environment Questionnaire** email with a link will be sent to the contractor which will include a link taking them to the questionnaire page.

Email 2. When a **Safety, Health and Environment Questionnaire** form is received from the contractor an email will be sent to TFL admins stating this.

Email 3: The contractor will receive a further email when it has been reviewed by TFL's admin.



Contractors

Making a Work Request

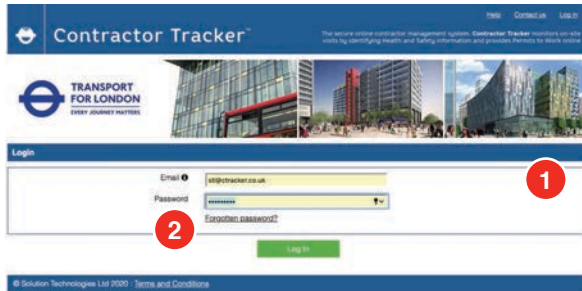


Request Access to Property - User Guide

Login: <https://tfl.ctracker.co.uk>

Enter this web address into the address bar at the top of the page.

(Do NOT type into Google as this is a search engine. Browser compatibility: IE10 and above, Safari and Firefox.)



Login and Password Information

1. Enter your email address and password. Login details were created at the Registration stage.

***Your password has to be changed at least every 40 days. Please use a different password every time as the system will disallow use of your previous 8 passwords.**

2. **Forgotten Password:** If you forget your password please create another by using the Forgotten password link shown on the login page.

***After 5 failed password attempts the user will be locked out, if that happens please contact a TFL admin who can unlock you.**

Click Login to continue.



Contractor Profile Page

Access each section to update your Registration information:

- **Password Expiry Notifications**

- **Update Profile**

Update your contact details.

- **Manage Users**

Update your users admins.

- **Update Insurance Document**

View or update the file uploaded at Registration.

- **Update SHEQ**

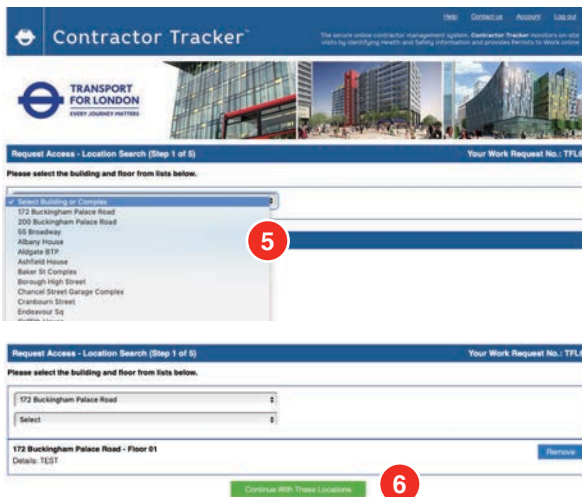
View or update your current SHEQ.



3. Request Access to Site

Select the 'Request Access to Site' button to start the request procedure.

4. Please Note that 72 Hours (3 Working Days) notice must be given!!!



A 'repeat request' question displays if it is a repeat. Please answer Yes or No. ***Please note that ONLY 5 repeat requests are shown.**

Click Continue to proceed.

Step 1 of 5

Location Search

5. Select the location(s) from the drop down lists. You can choose multiple locations by duplicating this procedure. You can also 'Remove' them.

6. When you have chosen all locations click 'Continue with these Locations' to take you to Step 2.

Request Access - Access Requirements (Step 2 of 5) Your Access Request No.: TFL8

Work Access Information

Copy your company registration details

Contractor's Name/Company:

Contact Name:

Contact Telephone No:

Emergency Contact Telephone No:

Name of Supervisor in charge:

Supervisor Contact Number:

Description of Work:

Work Sponsor Information

TL Sponsoring Dept:

Name of TL Sponsor:

Email of TL Sponsor:

Access Requirement Information (please tick the relevant buttons)

Will you be undertaking work involving:

Out of hours working (18:00 - 08:00 weekends and Bank Holidays) Yes No

Fabric Yes No

If undertaking intrusive fabric work, have you obtained full your TL Sponsor's an Asbestos Impact Advice Note? Note: access will not be granted without one. Yes No N/A

Electrical Yes No

Mechanical Yes No

Potable water systems Yes No

Office moves Yes No

Fire Yes No

Security Yes No

Cleaning Yes No

Catering Yes No

Pest control Yes No

Telephony Yes No

Tech and Data Yes No

Other Yes No

CDM Compliance

The CDM regulations apply to the carrying out of any building, civil engineering or engineering work on a structure and includes:

- the construction, alteration, conversion, fitting out, commissioning, renovation, repair, upkeep, redecoration or other maintenance (including cleaning which involves the use of water or an abrasive at high pressure, or the use of corrosive or toxic substances), de-commissioning, demolition or dismantling of a structure,
- the preparation for an intended structure, including site clearance, exploration, investigation (but not site survey) and excavation (but not pre-construction archaeological investigations), and the clearance or preparation of the site or structure for use or occupation at its conclusion;
- the assembly on site of prefabricated elements to form a structure or the disassembly on site of the prefabricated elements;
- the removal of a structure, or of any product or waste resulting from demolition or dismantling of a structure;
- the installation, commissioning, maintenance, repair or removal of mechanical, electrical, gas, compressed air, hydraulic, telecommunications, computer or similar services which are normally fixed within or to a structure.

Does this work fall under the category of construction as defined by the CDM Regulations 2015? Yes No

In accordance with the requirements of Part 3 of the CDM Regulations 2015, please confirm your acceptance of your appointment by TL (The Client) as Design/Principal Designer/Contract/Principal Contractor (As applicable) for all work defined as construction work under the regulations for the delivery of services specified.

Please provide an execution plan for the works to be undertaken

Select file(s) to add

No file chosen

Files selected

No files selected yet

Personnel Attending Site

Number of Operatives:

Please name the operatives who will be attending site

Vehicle Details

Is parking required? Yes No

Vehicle details. Please provide: Vehicle make and model, Vehicle registration number, FORD Reg number

House Rules Confirmation

Please tick here to confirm that arrangements have been made for all contractors working in the TL Head Office Portfolio will abide by the following rules which are known as 'House Rules' before starting work on the site. These house rules are one of the means by which Facilities Operations ensures the security and safety of those working in the building and those contracted to conduct any works.

Please tick here to confirm that arrangements have been made for all Risk Assessments (and where applicable Safe Methods of Work) to be communicated to all operatives before they commence work at the site.

Step 2 of 5

1. Your contractor access request now has a unique 'ID Number' displayed on the top right hand corner. This number is unique to this request. If you have queries relating to this request please quote this number.

Work Access Information

2. Complete all Company contact information and description of work involved.

Work Sponsor Information

3. Complete all Sponsor contact information.

Access Requirement Information

4. Answer 'Yes', 'No' or 'N/A' to all work related questions.

CDM Compliance

5. Please provide answers regarding CDM Compliance regulations and upload file(s).

Personnel Attending Site

6. Please provide answers regarding who will be attending site.

Vehicle Details

7. If you are bringing vehicle(s) please provide vehicle information.

House Rules Confirmation

8. By clicking these boxes you are confirming that all arrangements, Risk Assessments, etc. are being adhered to and you are responsible for these.

If you miss any of these questions the system will highlight this to you. **You cannot proceed if you do not answer all questions.**

Click Continue to proceed.

Step 3 of 5

Date and Time

9. Please select the required access dates from one of the three options and 'Confirm'. Choose your dates and average arrival and departure times for this request.

Emergency Works ONLY

10. If this request is an emergency please use the 'Emergency Bypass Code' that you would have received from the Work Sponsor. Click the 'Bypass Code' link to input the code.

Click Continue to proceed.

***Please Note Contractors:**

- can add supplementary files to their access request after submission.
- can change the access request when it is Incomplete or Approved.

Request Access - Date and Time (Step 3 of 5) Your Work Request No.: TFL8

Please select the dates and times for this work request. Please Note: you must give a 72 hour (3 day) notice period.

Choose how you would like to select the required access dates within the calendar from the options below:

Option 1: Select All days between two dates

Option 2: Select specific days ONLY

Option 3: Select Start Date ONLY for an Annual work request

For Emergency Works ONLY

Emergency Bypass Code - If this is an Emergency Work Request and you have a code from your Work Sponsor please enter it below. Access cannot be granted for the next 72 hours without this code.

[Click to Input Bypass Code](#)

172 Buckingham Palace Road - Floor 01

Select All days between two dates.

First date of access:

Last date of access:

Average time of daily access/arrival: : (24 hour clock)

Average time of daily exit/departure: : (24 hour clock)



Request Access - Permits (Step 4 of 5) Your Work Request No.: TFL8

The following Permits are required for this Contractor Access Request. Click on the buttons below to 'Create' the permit required.

Confined Spaces	<input checked="" type="checkbox"/> Permit not yet created	<input type="button" value="Create"/>
Electrical Systems	<input checked="" type="checkbox"/> Permit not yet created	<input type="button" value="Create"/>
Fire Systems	<input checked="" type="checkbox"/> Permit not yet created	<input type="button" value="Create"/>
Hazardous Works	<input checked="" type="checkbox"/> Permit not yet created	<input type="button" value="Create"/>
Hot Works	<input checked="" type="checkbox"/> Permit not yet created	<input type="button" value="Create"/>
Intrusive fabric	<input checked="" type="checkbox"/> Permit not yet created	<input type="button" value="Create"/>
Isolation of any system or part thereof	<input checked="" type="checkbox"/> Permit not yet created	<input type="button" value="Create"/>
Isolation of Gas System	<input checked="" type="checkbox"/> Permit not yet created	<input type="button" value="Create"/>
Lone Working	<input checked="" type="checkbox"/> Permit not yet created	<input type="button" value="Create"/>
Working At Height	<input checked="" type="checkbox"/> Permit not yet created	<input type="button" value="Create"/>
Working in Communications Equipment Room	<input checked="" type="checkbox"/> Permit not yet created	<input type="button" value="Create"/>

Please click Continue when all the Permits shown above have been created.

Permits

Step 4 of 5

1. Depending on the specific work answers to the Step 2 questions, one or several permits will have to be 'Created' for the work request. There are 11 permits available listed left.

Confined Spaces Confined Spaces and Work in TFL8

Applicable to:
All work in Confined Spaces

The personnel, activities, areas and timescales stated to be completed in accordance with location working procedure

Details of Work and Personnel

Date From	16.2.20
Time From	11AM
Date To	17.2.20
Time To	12 NOON
Location	BUCKINGHAM PALACE ROAD
Building	TEST
Area	TEST
Details of work to be carried out	TEST
Applicant Company	STL
Person in Charge	Lynn Mackenzie
Other Personnel engaged in the works	N/A
Contact number for person in charge	00000000000

Mandatory Safety Requirements

Specifiers:

- Isolation permit in place.
- Atmosphere monitors and alarm used.
- Ventilation in place.
- Correct harness for job selected (restraint/correct length fall arrest).
- Rescue plan in place.

Safeguard checklist

In accordance with the Confined Spaces Regulations 1997, has every effort been made to avoid having to enter the confined space to carry out the required work? Yes No N/A

Will a suitable and sufficient Risk Assessment and Method Statement (Contractor) for entry/work in the confined space be completed? Yes No N/A

Where there is a chance of oxygen depletion or the presence of toxic gas is suspected has monitoring been conducted and arrangements been made for continuous monitoring? Yes No N/A

If the workplace can be cleaned, purged or washed has this been actioned before entry is permitted? Yes No N/A

Is there a requirement that specialist electrical tools etc. for use in a flammable atmosphere be used and has provision been made? Yes No N/A

Has consideration been given to worker rest periods where works are undertaken in conditions of extreme heat or cold? Yes No N/A

Are personnel involved with the work fully trained and competent in the works to be undertaken? Yes No N/A

Are personnel familiar with the means of escape and method of raising the alarm? Yes No N/A

Has the means of escape been planned and the necessary equipment set in place i.e. winches lifelines and number of rescue personnel? Yes No N/A

Has consideration been given to the potential hazard of an inrush of water, gas, sludge etc? Yes No N/A

Has action been taken to "lock off" systems and plant to prevent them from being engaged while work is proceeding i.e. by the removal of electric fuses? Yes No N/A

Would the failure of a valve, flange, wall or barrier etc cause an unplanned inrush and has the event been given adequate consideration and controls applied? Yes No N/A

Have the operatives undertaking the task completed training courses in the use of specialist breathing apparatus, rescue and confined spaces? Yes No N/A

Have arrangements been made for a dedicated exhaust extraction system to remove dangerous or suffocating hazards? Use of such means as mechanical of forced ventilation is to be used in preference if will achieve a safe atmosphere. Yes No N/A

Are personnel entering the confined space fit and in a good state of health? Yes No N/A

Has the method of work been fully discussed with all personnel present? Yes No N/A

Have adequate and effective communications been arranged between those inside and outside of the confined space? Yes No N/A

Acceptance

Please tick the box to indicate that you agree with the following statement:

I agree to observe any engineers and/or special conditions noted, and agree to work within the safeguards above. I will take all precautions as necessary to ensure works are carried out and completed in a way that is safe and without risk. I understand that the issuing permit and conditions attached to it do not negate responsibilities under the relevant H&S legislation of the contractor as named as applicant company above. Yes

Time 11:31 am

Date 12 Feb 2020

Name

Confined Spaces

2. Please complete if required. A digital signature must be completed before you can proceed with the work.



Electrical Systems Cancel changes and return to permit list

1

Applicable to: Any contractors working on electrical. Note: A minimum of 6 weeks notice required for building shutdowns.

Details of Work and Personnel

Date From: 16.2.20
 Time From: 7AM
 Date To: 17.2.20
 Time To: 12 NOON
 Location: TEST
 Building: TEST
 Area: TEST
 Details of work to be carried out: TEST
 Applicant Company: TEST
 Person in Charge: TEST
 Other Personnel engaged in the works: TEST
 Contact number for person in charge: TEST

Mandatory Safety Requirements

Specifiers:
 • Isolation permit in place
 • Insulation conductive tools used
 • Insulated footwear/ratting used

Safeguard checklist

Is a suitable Risk Assessment and Method Statement in place for the work to be undertaken? Yes No N/A
 Will you be working with a live electrical supply? If yes please state why this is required: Yes No N/A
 Will the area be free of flammable material and dry? Yes No N/A
 Have users who will lose supply been notified? NB: Particular consideration to be given to interruption to life safety systems (e.g. fire alarm and detection systems, sprinkler system, cctv and access control systems, fire and evacuation lifts, disabled refuge systems, etc) and arrangements to mitigate this during works. Yes No N/A
 Has the High-Voltage apparatus in the area specified been made dead, isolated from all live conductors and is connected to Earth? NB: Test all other apparatus and areas as dangerous. Yes No N/A
 Has the electrical lock out and tag out (LOTO) procedure been implemented and documented to prevent accidental use or re-energising of the system during the works? Yes No N/A
 Has the mechanical lock out and tag out (MLOTO) procedure been implemented and documented to prevent accidental use or re-energising of the system during works? Yes No N/A
 Will the works require isolation of fire alarm detection, to prevent an accidental activation of the fire alarm system during the works? Yes No N/A
 Have isolation warning notices been fixed at all isolation points? Yes No N/A
 Have other hazards associated with the task been adequately risk assessed and controlled? e.g. confined spaces, work at height, hot works etc. Yes No N/A
 Has the work area been screened where necessary to prevent Danger from adjacent live parts of the system? Yes No N/A
 Has appropriate PPE been provided to all persons identified as at risk from the works in the Risk Assessment? Yes No N/A

Training, Instruction, Supervision

Are persons working on the system under this permit competent to undertake the work? Yes No N/A
 Do the persons working on this system have the appropriate registrations to legally undertake the work? e.g. NECEC Yes No N/A

Acceptance

Please tick the box to indicate that you agree with the following statement: Yes
 I agree to observe any engineers and/or special conditions noted, and agree to work within the safeguards above. I will take all precautions as necessary to ensure works are carried out and completed in a way that is safe and without risk. I understand that the leaving permit and conditions attached to it do not negate responsibilities under the relevant H&S legislation of the contractor as named as applicant company above.

Time: 11:33 am
 Date: 12 Feb 2020
 Name: _____

Save

Electrical Systems

1. Please complete if required. A digital signature must be completed before you can proceed with the work.

Fire Systems Cancel changes and return to permit list

2

Details of Work and Personnel

Date From: 16.2.20
 Time From: 7AM
 Date To: 17.2.20
 Time To: 12
 Location: TEST
 Building: TEST
 Area: TEST
 Details of work to be carried out: TEST
 Applicant Company: TEST
 Applicant & telephone number (number): TEST
 Person in Charge: TEST
 Other Personnel engaged in the works: TEST
 Contact number for person in charge: TEST
 TIL: Project Manager: TEST
 Reason for Isolation: TEST
 Cost Centre / Projects Number: TEST

Mandatory Safety Requirements

Specifiers:
 • Isolation permit in place.

Request for Isolation of Fire Detection by Contractor

Address of Device that Requires Isolation: _____
 Unit Name and Number: _____
 Isolated by: _____
 Time (24 hour clock): _____
 Reinstated by: _____
 Time (24 hour clock): _____

Request for Reinstatement of Isolated Detectors

Name of Person Requesting Reinstatement: _____
 Date and Time: _____

Acceptance

Please tick the box to indicate that you agree with the following statement: Yes
 I agree to observe any engineers and/or special conditions noted, and agree to work within the safeguards above. I will take all precautions as necessary to ensure works are carried out and completed in a way that is safe and without risk. I understand that the leaving permit and conditions attached to it do not negate responsibilities under the relevant H&S legislation of the contractor as named as applicant company above.

Time: 11:35 am
 Date: 12 Feb 2020
 Name: _____

Save

Fire Systems

2. Please complete if required. A digital signature must be completed before you can proceed with the work.



Hazardous Works Cancel changes and return to permit list

1

Details of Work and Personnel

Date From: _____
Time From: _____
Date To: _____
Time To: _____
Location: _____
Building: _____
Area: _____
Details of work to be carried out: _____
Applicant Company: _____
Person in Charge: _____
Other Personnel engaged in the works: _____
Contact number for person in charge: _____

Mandatory Safety Requirements

Specifics:

- Task specific COSHH Assessment – must include persons not involved with the work who may be affected
- Safety data sheet(s) of substance to be used.
- Environmental emergency arrangements.
- Safe disposal.

Safeguard checklist

Is a Risk Assessment and suitable Method Statement in place? Yes No N/A
All services such as electricity, gas and water are positively identified and protected from works? Yes No N/A
The structural adequacy of the building or structure will not be affected (cutting structural components etc)? Yes No N/A

Work Systems

Will work be carried out 'out of working hours' to minimise risk and disruption to customers and occupant? Yes No N/A
Appropriate barricading and warning signs will be positioned to prevent all unauthorised persons from entering the area where works are being carried out, where there is a risk of injury? Yes No N/A
Personal protective equipment (PPE) appropriate to address all risks from works must be provided, maintained and worn by all employees at all times works are being undertaken? Yes No N/A
Work equipment is in good repair and appropriate for the works to be undertaken? Yes No N/A
Appropriate fire fighting equipment is operable and available, where required? Yes No N/A
The work area will be adequately ventilated? Yes No N/A
Confined space hazards are identified and addressed? Yes No N/A
Noise management provisions are in place to prevent works becoming a risk to hearing or health? Yes No N/A
Are any alarms need to be disconnected? TL must be informed, and give approval prior to disconnection. Yes No N/A
On completion will work area be handed back into service or will area be out of service for a period of time? Where the area is handed back it must be clean and any 'making good' completed. Yes No N/A

Acceptance

Please tick the box to indicate that you agree with the following statement:

I agree to observe any engineers and/or special conditions noted, and agree to work within the safeguards above. I will take all precautions as necessary to ensure works are carried out and completed in a way that is safe and without risk, I understand that the issuing permit and conditions attached to it do not negate responsibilities under the relevant H&S legislation of the contractor as named as applicant company above. Yes

Time: 11:37 am
Date: 12 Feb 2020
Name: _____

Save

Hazardous Works

1. Please complete if required. A digital signature must be completed before you can proceed with the work.

Intrusive fabric Cancel changes and return to permit list

2

Details of Work and Personnel

Date From: _____
Time From: _____
Date To: _____
Time To: _____
Location: _____
Building: _____
Area: _____
Details of work to be carried out: _____
Applicant Company: _____
Person in Charge: _____
Other Personnel engaged in the works: _____
Contact number for person in charge: _____

Mandatory Safety Requirements

Specifics:

- TL Asbestos Impact Advice Note obtained.
- Asbestos Risk Assessment completed.
- Fire Stopping reinstated.
- Fire Risk Assessment updated.

Safeguard checklist

Have you reviewed/seen issued asbestos survey for the areas? Yes No N/A
Are you aware of the asbestos register, areas not accessed and the locations plans etc? Yes No N/A
Are the planned works likely to disturb the fabric of the building (even minor refurbishment)? Yes No N/A
Are the planned works being undertaken in any area not accessed within the asbestos survey or on any item or in any other part of the building not covered by the management survey report, including wall cavities, ceiling voids, risers etc? Yes No N/A
Are the planned works to be carried out in areas where asbestos is present on the existing asbestos management survey? Yes No N/A
Have existing services been taken into account and surveyed for (i.e. water pipes etc)? Yes No N/A
Any existing fire compartmentation surveyed and accounted for? Yes No N/A
Do all the contractor's operatives have current, up to date asbestos awareness Training/Certificates? Yes No N/A
Have other risks which may be present (i.e. falls from height, electricity etc) been considered? Yes No N/A

Acceptance

Please tick the box to indicate that you agree with the following statement:

I agree to observe any engineers and/or special conditions noted, and agree to work within the safeguards above. I will take all precautions as necessary to ensure works are carried out and completed in a way that is safe and without risk, I understand that the issuing permit and conditions attached to it do not negate responsibilities under the relevant H&S legislation of the contractor as named as applicant company above. Yes

Time: 11:37 am
Date: 12 Feb 2020
Name: _____

Intrusive Fabric

2. Please complete if required. A digital signature must be completed before you can proceed with the work.



Isolation of any system or part thereof Cancel, changes and return to permit list

1

Details of Work and Personnel

Date From: _____
 Time From: _____
 Date To: _____
 Time To: _____
 Location: _____
 Building: _____
 Area: _____
 Details of work to be carried out: _____
 Applicant Company: _____
 Person in Charge: _____
 Other Personnel engaged in the works: _____
 Contact number for person in charge: _____

Mandatory Safety Requirements

Specifics:

- Method Statement and Risk Assessment in place.
- Qualified gas safe engineer to carry out works domestic / commercial dependent on requirements.

Safeguard checklist

Has a Risk Assessment taken place specifically for this work? Yes No N/A
 Has a safe method of work been written specifically for this work? Yes No N/A
 Have persons been informed of the details of the Risk Assessment and Method Statement specific to this work? Yes No N/A
 Is the contractor carrying out the works qualified to the correct level to work on the system? Yes No N/A
 Appropriate tags with identifying information in place on isolation? Yes No N/A
 Has the contractor consulted the asbestos survey for any areas where work is to be undertaken? Yes No N/A
 Does the contractor have access to correct and accurate schematics? Yes No N/A
 Has occupancy of building been checked? Yes No N/A
 Will the planned works impact occupants? Yes No N/A
 If yes to above have alternative facilities been put in place? Yes No N/A
 Have existing services been taken into account and surveyed for? Yes No N/A
 Have other risks which may be present (i.e. falls from height, electricity etc) been considered? Yes No N/A
 Is contractor aware of any log book or records that need to be altered on completion of works? Yes No N/A

Acceptance

Please tick the box to indicate that you agree with the following statement: Yes

I agree to observe any engineers and/or special conditions noted, and agree to work within the safeguards above. I will take all precautions as necessary to ensure works are carried out and completed in a way that is safe and without risk, I understand that the issuing permit and conditions attached to it do not negate responsibilities under the relevant H&S legislation of the contractor as named as applicant company above.

Time 11:38 am

Isolation of any system or part thereof

1. Please complete if required. A digital signature must be completed before you can proceed with the work.

Isolation of Gas System Cancel, changes and return to permit list

2

Details of Work and Personnel

Date From: _____
 Time From: _____
 Date To: _____
 Time To: _____
 Location: _____
 Building: _____
 Area: _____
 Details of work to be carried out: _____
 Applicant Company: _____
 Person in Charge: _____
 Other Personnel engaged in the works: _____
 Contact number for person in charge: _____

Mandatory Safety Requirements

Specifics:

- Method Statement and Risk Assessment in place.
- Qualified gas safe engineer to carry out works domestic / commercial dependent on requirements.

Safeguard checklist

Has a Risk Assessment taken place specifically for this work? Yes No N/A
 Has a safe method of work been written specifically for this work? Yes No N/A
 Have persons been informed of the details of the Risk Assessment and Method Statement specific to this work? Yes No N/A
 Is the contractor carrying out the works qualified gas safe to the appropriate level? Yes No N/A
 Appropriate tags with identifying information in place on isolation? Yes No N/A
 Has the contractor consulted the asbestos survey for any areas where work is to be undertaken? Yes No N/A
 Does the contractor have access to correct and accurate gas schematics? Yes No N/A
 Has occupancy of building been checked? Yes No N/A
 Will the planned works impact occupants? Yes No N/A
 If yes to above have alternative facilities been put in place? Yes No N/A
 Have existing services been taken into account and surveyed for? Yes No N/A
 Have other risks which may be present (i.e. falls from height, electricity etc) been considered? Yes No N/A
 Contractor aware of requirement to update schematics on completion of works if changes made? Yes No N/A

Acceptance

Please tick the box to indicate that you agree with the following statement: Yes

I agree to observe any engineers and/or special conditions noted, and agree to work within the safeguards above. I will take all precautions as necessary to ensure works are carried out and completed in a way that is safe and without risk, I understand that the issuing permit and conditions attached to it do not negate responsibilities under the relevant H&S legislation of the contractor as named as applicant company above.

Time 11:39 am

Isolation of Gas System

2. Please complete if required. A digital signature must be completed before you can proceed with the work.



Lone Working Cancel changes and return to permit list

Applicable to: 1 If undertaking hot work, work at height, confined space, electrical or gas system work.

Details of Work and Personnel

Date From: _____
 Time From: _____
 Date To: _____
 Time To: _____
 Location: _____
 Building: _____
 Area: _____
 Details of work to be carried out: _____
 Applicant Company: _____
 Person in Charge: _____
 Contact number for person in charge: _____

Mandatory Safety Requirements

Specifics:

- Emergency arrangements.

Safeguard checklist

Will a full Risk Assessment of the works be carried out? Yes No N/A

Can you confirm that monitoring and emergency arrangements are in place for lone working? Note: When visiting unoccupied sites or properties be aware of others in the vicinity and avoid situations where you may be targeted into an unoccupied site/property. Yes No N/A

Ensure that all guardrails, temporary lighting and access facilities (e.g. scaffolds, ladders, walkways, platforms etc) have been installed, inspected and certified before gaining access to the area? Yes No N/A

Can you confirm that enclosed toe non-slip footwear is worn? Note: When visiting unoccupied sites or properties pay special attention to uneven ground, floors and steps and look out for any hazardous spillages that may have occurred. Yes No N/A

Can you confirm that no high hazard activity is to be undertaken whilst lone working such as hot work, work at height, within confined spaces working near or under unsafe structures? Note: Appropriate PPE to the task must be worn at all times (bump cap, eye protection, hearing protection) Yes No N/A

Can you confirm that lone working visits to non-maintained sites or properties where mains electricity is turned off it to be undertaken during daylight hours only? Note: Head or hand held illumination must be carried. Yes No N/A

Can you confirm that if electricity needs to be turned on, it will be undertaken by an appropriately qualified electrician? Yes No N/A

Be sure when visiting non-maintained sites or properties to avoid contact with or touching any high pressure systems where these are known to exist. Consult with specialist Engineers on possible dangers? Yes No N/A

When visiting non-maintained sites and properties, ensure gas and vapour detectors are used and suitable face masks are worn when appropriate? Yes No N/A

Ensure that general layout, locations of existing services and hazardous materials on the site are carefully reviewed before visiting. Where property is to be inspected, check occupancy levels, condition of structures and fabric, status of fire alarm systems and protection measures, and date of last inspection? Yes No N/A

Ensure that adequate lighting and equipment provision is present where required? Yes No N/A

On completion, the work area must be made safe (eg: remove all waste from site)? Yes No N/A

Acceptance

Please tick the box to indicate that you agree with the following statement:

I agree to observe any engineers and/or special conditions noted, and agree to work within the safeguards above. I will take all precautions as necessary to ensure works are carried out and completed in a way that is safe and without risk. I understand that the issuing permit and conditions attached to it do not negate responsibilities under the relevant H&S legislation of the contractor as named as applicant company above. Yes

Time: 11:35 am
 Date: 12 Feb 2020
 Name: _____

Save

Lone Working

1. Please complete if required. A digital signature must be completed before you can proceed with the work.

Working At Height Cancel changes and return to permit list

Details of Work and Personnel 2

Date From: _____
 Time From: _____
 Date To: _____
 Time To: _____
 Location: _____
 Building: _____
 Area: _____
 Details of work to be carried out: _____
 Applicant Company: _____
 Person in Charge: _____
 Other Personnel engaged in the works: _____
 Contact number for person in charge: _____

Mandatory Safety Requirements

Specifics (if not behind fixed edge protection barriers):

- Correct harness for job selected (restraint/correct length fall arrest).
- Rescue plan in place.
- Tether point tested.
- Tethered tools used.

Safeguard checklist

Is a suitable Risk Assessment and Method Statement in place for the work you are doing? Yes No N/A

Do the people using / erecting access equipment have the required in date validation / training for the tasks they are performing and have the relevant documentation attached to permit (EoP or equivalent cards etc)? Yes No N/A

Do you have a rescue plan for working at height? Yes No N/A

Is the work being undertaken outside of trading hours to minimise the risk to members of the public? Yes No N/A

Will staff be required to wear any fall arrest / fall restraint equipment? Yes No N/A

If using ladders have they been inspected (all ladders must be removed from site after use) and are appropriate for the task (wooden / fibre glass for electrical work etc)? Yes No N/A

If working externally could adverse weather effect the task of walking at height (wind, rain, snow etc)? Yes No N/A

Will the work site be adequately controlled by means of barriers and appropriate signage? Yes No N/A

Where work is undertaken above false ceilings has adequate provision been taken to preserve the integrity of the ceiling? Ceiling tiles should be put back clean and in good condition. Yes No N/A

Acceptance

Please tick the box to indicate that you agree with the following statement:

I agree to observe any engineers and/or special conditions noted, and agree to work within the safeguards above. I will take all precautions as necessary to ensure works are carried out and completed in a way that is safe and without risk. I understand that the issuing permit and conditions attached to it do not negate responsibilities under the relevant H&S legislation of the contractor as named as applicant company above. Yes

Time: 11:40 am
 Date: 12 Feb 2020

Working at Height

2. Please complete if required. A digital signature must be completed before you can proceed with the work.



Working in Communications Equipment Room Cancel changes and return to permit list

1

Details of Work and Personnel

Date From: _____
 Time From: _____
 Date To: _____
 Time To: _____
 Location: _____
 Building: _____
 Area: _____
 Details of work to be carried out: _____
 Applicant Company: _____
 Person in Charge: _____
 Other Personnel engaged in the works: _____
 Contact number for person in charge: _____

Mandatory Safety Requirements

Specifies:

- Method Statement and Risk Assessment in place.
- Contractor qualified to required level to enter room.

Safeguard checklist

Has a Risk Assessment taken place specifically for this work? Yes No N/A
 Has a safe method of work been written specifically for this work? Yes No N/A
 Have persons been informed of the details of the Risk Assessment and Method Statement specific to this work? Yes No N/A
 Is the contractor trained to the required level to enter the room? Yes No N/A
 Is the contractor aware of any sign / log in requirements additional to building entry i.e. phone call to duty engineer? Yes No N/A
 Are any gaseous suppression systems in place included within the Method Statement? Yes No N/A
 Has the contractor consulted the asbestos survey for any areas where work is to be undertaken? Yes No N/A
 Have other risks which may be present (i.e. falls from height, electricity etc) been considered? Yes No N/A
 Has the contractor made provision to protect equipment within the room? Yes No N/A
 Is the contractor aware of evacuation and emergency procedures? Yes No N/A
 Contractor to confirm all mobile devices to be switched off before entry into room? Yes No N/A
 Contractor to confirm that Risk Assessment to take place on entry before work commences to ensure room and equipment integrity is maintained during works i.e. confirm all comm cabinets are shut and sealed? Yes No N/A

Acceptance

Please tick the box to indicate that you agree with the following statement.

I agree to observe any engineers and/or special conditions noted, and agree to work within the safeguards above. I will take all precautions as necessary to ensure works are carried out and completed in a way that is safe and without risk, I understand that the issuing permits and conditions attached to it do not negate responsibilities under the relevant H&S legislation of the contractor as named as applicant company above. Yes

Time: 11:40 am
 Date: 12 Feb 2020

Working in Communications Equipment Room

1. Please complete if required. A digital signature must be completed before you can proceed with the work.

Request Access - Permits (Step 4 of 8) Your Work Request No.: TFL6

The following Permits have now been created for this Work Request. Click on the buttons below if you want to Edit a permit.

Confined Spaces	Created	Edit
Electrical Systems	Created	Edit
Fire Systems	Created	Edit
Hazardous Works	Created	Edit
Hot Works	Created	Edit
Intrusive fabric	Created	Edit
Isolation of any system or part thereof	Created	Edit
Isolation of Gas System	Created	Edit
Lone Working	Created	Edit
Working At Height	Created	Edit
Working in Communications Equipment Room	Created	Edit

[Continue](#)

Completed Permit List

2. When completed the permit list will view green as shown left. You can 'Edit' any permit if the works require it.

Continue to proceed.



Request Access - RAMS (Step 5 of 5) Your Work No. 1 TFL8

Please upload ALL Compulsory documents listed below. You may upload as many files for each document category as required. As required by the Management of Health and Safety at Work Regulations RAMS must be comprehensible to all who may be affected and therefore must be concise and in plain English.

When uploading any files please note there is a 50MB limit. In all instances for uploading online can ALL files be compressed. CAD files must be compressed/burped before uploading.

Risk Assessment
Please ensure that the Risk Assessment(s) covers all relevant health, safety and environmental issues associated with the work activity.
Select file below or
Choose File - no file selected Drag and drop file from your desktop here.

Method Statement
Select file below or
Choose File - no file selected Drag and drop file from your desktop here.

Asbestos Impact Advice Note
Select file below or
Choose File - no file selected Drag and drop file from your desktop here.

COSHH Assessment
Select file below or
Choose File - no file selected Drag and drop file from your desktop here.

Submit Work Request for Review

Step 5 of 5

RAMS

All documents are Compulsory. You can upload multiple files.

1. Please upload all compulsory files that are required for this request.

Upload Instructions:

Choose File or Drag and Drop file from your desktop.

You can upload as many files as required using the same procedure as above.

Please Note: keep document sizes to a minimum (50gb max size).

Click 'Submit Work Request for Review'.

Risk Assessment
Please ensure that the Risk Assessment(s) covers all relevant health, safety and environmental issues associated with the work activity.
Select file below or
Choose File - no file selected Drag and drop file from your desktop here.

Risk Assessment - INSURANCE DOC TEST.docx Remove

Method Statement
Select file below or
Choose File - no file selected Drag and drop file from your desktop here.

Method Statement - INSURANCE DOC TEST.docx Remove

Asbestos Impact Advice Note
Select file below or
Choose File - no file selected Drag and drop file from your desktop here.

Asbestos Impact Advice Note - INSURANCE DOC TEST.docx Remove

COSHH Assessment
Select file below or
Choose File - no file selected Drag and drop file from your desktop here.

COSHH Assessment - INSURANCE DOC TEST.docx Remove

Submit Work Request for Review

Completed RAMS section

2. Once your documents have been uploaded and named a 'Remove' button appears. You can remove a file before you submit.

Request Completed

Your work access request has been submitted to 172 Buckingham Palace Road for processing. No access to this site is permitted until prior authorisation has been granted by Transport for London. You will receive an email once your work access request has been reviewed by a Transport for London Administrator.

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Request Completed

Your request is now complete and has been sent to Transport for London. Their Admin Team will review to let you know if it has been Approved or Declined.

***Please Note:** Emails are generated to both you and TFL Admins throughout the registration and request procedures. TFL Admins will manage all registrations and requests. If you have an issue with any information emails that you receive, eg Decline Request, Registration Approval, etc, please contact the centre direct. Their [Contact us](#) details are on the system website located on the top right hand corner.