SYDNEY TRAMWAY MUSEUM

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Position	Date	Copy Issued (Yes/No)	Copy No.	Received
Rail Safety Manager		Y	1	

SYDNEY TRAMWAY MUSEUM

SITE ACCESS PERMIT

ISSUE TIME_____ DAY_____DATE____/____/_____

CANCELLATION TIME_____ DAY_____DATE____/____/_____

This permit provides for each of the undersigned to work on/adjacent to * tram lines, electrical overhead and apparatus as detailed below:

*strike out whichever does not apply

TRAMWAY OVERHEAD - ISOLATIONS UNDERTAKEN

EXPLANATIONS GIVEN TO WORK PARTY YES/NO

PERMIT ISSUED BY_____Title: _____

I UNDERSTAND THE EXPLANATIONS GIVEN AND AM SATISFIED WITH THE PRECAUTIONS

TAKEN _____ CONTRACTOR IN CHARGE OF WORK PARTY

SIGN ON	SIGN OFF

COMPLETION TIME_____ DAY_____ DATE____/____/_____

PERMIT CLOSED BY_____ Title: _____