| **ENGINEERING WAIVER APPROVAL FORM (EWAF)** | | | | | | | | | | | | | | | | | |  | | | |
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| ***Originator to complete sections 1-12, obtains Endorsement at section 13, then submit to*** [*standards@artc.com.au*](mailto:standards@artc.com.au) ***along with all attachments.*** | | | | | | | | | | | | | | | | | | | | | |
| **Waiver Number:** | | | | | | | | | | | | | | | | | | | | | |
| **Waiver Title:** | | | | | | | | | | | | | | | | | | | | | |
| **WAIVER REQUEST** | | | | | | | | | | | | | | | | | | | | | |
| 1. **Waiver Type:** | | | | | | | | | | | | | | | | | | | | | |
| New | | | | | | Renewal \* | | | | | | Alteration \* | | | | | | | | | |
| \* Reason for renewal or alteration: | | | | | | | | | | | | | | | | | | | | | |
| 1. **Originator:** | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | RIW ID: | | |  | | | | | | | |
| Company: |  | | | | | | | | | | Position: | | |  | | | | | | | |
| Email: |  | | | | | | | | | | Phone: | | |  | | | | | | | |
| If Originator is not ARTC employee, add name of ARTC contact: | | | | | | | | | | | | | |  | | | | | | | |
| 1. **Network Details:** | | | | | | | | | | | | | | | | | | | | | |
| Corridor: | | |  | | East/West | | | | |  | North/South | | | | | |  | |  | | |
|  | | Hunter Valley Heavy Haul | | | | |  | HV Central & North West | | | | | |  | |  | | |
| Other (Specify): | | | | | |  | | | | | | | | | | | | |
| Line/Location: | | | | | | | | | | | | | | | | | | Km: |  | | |
| 1. **Waiver Duration:** | | | | | | | | | | | | | | | | | | | | | |
| Permanent | |  | | | | | | Temporary | | | | | | |  |  | | | | | |
| Start date:\*\* | |  | | | | | Expiry date: | | | | | | | |  | | | | | | |
| *\*\* Where the nominated start date is prior to the actual approval date, the approval date applies as the effective start date for the waiver. If Regulator Notification is required, the start date will be the date of expiry of the notification period, or upon receipt of confirmation that the Regulator has no objections, whichever is earlier.* | | | | | | | | | | | | | | | | | | | | | |
| 1. **Infrastructure Assets Affected:** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Track & Civil | | | | |  | Signalling | | | | | |  | | Electrical | | |
|  | | | | | Communications | | | | |  | Plant & Equipment | | | | | |  | | Rolling Stock | | |
|  | | | | | General | | | | | Other (Specify): | | | | | | | | | | | |
| 1. **Relevant Standard:** Number:       Clause or section:       Version:   *Detail all relevant Standards, clause numbers, versions and the details of the controls being waived.* | | | | | | | | | | | | | | | | | | | | | |
| *Copy the exact requirement from the Standard.* | | | | | | | | | | | | | | | | | | | | | |
| 1. **Variation** **Details**:   *Detail the variation from the Standard.* | | | | | | | | | | | | | | | | | | | | | |
| 1. **Existing Waivers:**   *The originator must review the Engineering Waiver Register and insert details of existing waivers for the infrastructure asset or the process that is the subject of the waiver. If none are found then response is NIL.* | | | | | | | | | | | | | | | | | | | | | |
| 1. **Risk Assessment:** | | | | | | | | | | | | | | | | | | | | | |
| *NOTE – A Risk Assessment must include relevant stakeholders. If the issue affects design, then a person with design competency for the respective discipline must be a stakeholder.*  Risk Assessment is attached using the Risk Assessment Record Template RSK-FM-005 or other form that incorporates the same fields as a minimum.  SFAIRP Justification has been provided for each risk identified.  RENEWAL/ALTERATION – The existing Risk Assessment has been reviewed and is still appropriate in support of this Waiver. | | | | | | | | | | | | | | | | | | | | |  |
| 1. **Treatments to be Implemented:**   *Detail the controls that will be put in place to manage identified risks.*  *NOTE – Additional Treatments (or variations to these Treatments) and Approval Conditions will be detailed in section 19.* | | | | | | | | | | | | | | | | | | | | | |
| 1. **Justification:**   *Include reason for the waiver and details of cost / benefit.*  *The removal of a treatment or engineering control (i.e. the waiving of a clause in a Standard) generally requires the implementation of an alternate control. In exceptional situations, the Originator may be able to demonstrate that this situation is outside of the conditions in the standard.* | | | | | | | | | | | | | | | | | | | | | |
| 1. **Attachments:**   *List the attachments that support the waiver.* | | | | | | | | | | | | | | | | | | | | | |
| **WAIVER ENDORSEMENT** | | | | | | | | | | | | | | | | | | | | | |
| 1. **Endorsement Authority:**   *As per EGP-02-01 definition of ‘Endorsement Authority':*  ***Interstate Network waivers****:*  *Manager Engineering, Manager Asset Planning & Investment for all permanent waivers and Appropriate Manager AMS if waiver impacts maintenance operations* [Note]  ***Hunter Valley waivers****:*  *Manager Engineering and Appropriate Manager Maintenance if waiver impacts maintenance operations* [Note]  *All waivers raised on the* ***Interstate or the Hunter Valley****, which raise a risk score of Medium or above, shall be further endorsed by their General Manager above.*  ***For Inland Rail waivers****:*  *Program Engineering Manager and General Manager Development & Planning, in addition to the corridor requirements above.*  *Waivers against Rolling Stock and Equipment Standards that involve ARTC owned and operated plant shall be endorsed by the Procurement and Contracts Manager.*  *(Note): to be determined by default endorsement authority* | | | | | | | | | | | | | | | | | | | | | |
| I have reviewed this waiver and accept the variation on the Corridor that I am responsible for and will ensure the treatments will be implemented and monitored throughout the life of the waiver.  Details of how each treatment will be implemented using Ellipse, implementation plan and/or other means: | | | | | | | | | | | | | | | | | | | | | |
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| Name | | | | Position | | | | | | | | | Signature | | | | | | | Date | |
| **WAIVER SUBMISSION** | | | | | | | | | | | | | | | | | | | | | |
| **Submit waiver and supporting documents to** [**standards@artc.com.au**](mailto:standards@artc.com.au)**.**  **Waivers for Inland Rail shall be submitted to standards from the Engineering, Integration and Assurance team.**  All waivers shall be submitted in Word format, with either a PDF showing appropriate signatures or email from the Endorsement Authority confirming endorsement, to [standards@artc.com.au](mailto:standards@artc.com.au) for registration, prior to recommendation and approval. | | | | | | | | | | | | | | | | | | | | | |

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| **WAIVER TECHNICAL REVIEW** | | | | | | | | | | | | | | | | | | | | | |
| 1. **Endorsed after Technical Review by:** | | | | | | | | | | | | | | | | | | | | | |
| Technical Review completed: | | | | Yes | | | | | No | | | | | | | | | | | | |
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| Name | | Position | | | | | | | | | | | Signature | | | | | | | Date | |
|  | |  | | | | | | | | | | |  | | | | | | |  | |
| Registered Professional Engineer Details (where required) | | | | | | | | | | | | | RPEQ No | | | | | | | RPEV No | |
|  | | | | | | | | | | | | |  | | | | | | |  | |
| Name Position | | | | | | | | | | | | | Signature | | | | | | | Date | |
| **WAIVER RECOMMENDATION AND APPROVAL** | | | | | | | | | | | | | | | | | | | | | |
| 1. **Operational Safety & Environment Review Committee:** | | | | | | | | | | | | | | | | | | | | | |
| Is Operational Safety & Environment Review Committee Approval required? | | | | | | | | | | | | | | Yes | | | No | | | | |
| 1. **Regulator Notification:** | | | | | | | | | | | | | | | | | | | | | |
| Regulator Notification required in accordance with ARTC SMS (Manage Accreditation – Variation & Change)? | | | | | | | | | | | | | | | | | | Yes \*\*\* | | | No | |
|  | | | | | | |  | | | | |  | | | | | | | | | |
| Responsible for Notifying Regulator: | | | | | | |  | | | | | | | | | | | | | | |
| 1. **Recommendation Authority:** | | | | | | | | | | | | | | | | | | | | | |
| Recommended for approval: | | | | | | Yes | | | | No | | | | | | | | | | | |
|  | | | | |  | | | | | | | |  | | | | | | |  | |
| Name | | | | | Position | | | | | | | | Signature | | | | | | | Date | |
| 1. **Approval Authority:** | | | | | | | | | | | | | | | | | | | | | |
| **Approved** | **Not Approved** | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | |  | | | | |  | |
| Name | | | | | Position | | | | | | | | | | Signature | | | | | Date | |
| 1. **Waiver Approval Conditions and Treatments:**   *This section contains variations to the Treatments listed in section 10 on the previous page, and/or any additional Treatments or Approval Conditions imposed by the Technical Reviewer, Recommendation Authority or Approval Authority.*  *NOTE – These are in addition to the Treatments detailed in section 10.* | | | | | | | | | | | | | | | | | | | | | |
| 1. **Acceptance of Approval Conditions and Treatments by Endorsement Authority:**   *This section only needs to be signed if Approval Conditions have been added or Treatments have been added or varied from those detailed in section 10 on the previous page.* | | | | | | | | | | | | | | | | | | | | | |
| I accept the Approval Conditions and Treatments imposed by the Technical Reviewer, Recommendation Authority or Approval Authority. I accept that I am responsible for and will ensure these will be implemented and monitored throughout the life of the waiver.  Details of how each treatment and approval condition will be implemented using Ellipse, implementation plan and/or other means: | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | |  | | | | | | |  | |
| Name | | | | Position | | | | | | | | | Signature | | | | | | | Date | |
| **REGULATOR NOTIFICATION \*\*\*** | | | | | | | | | | | | | | | | | | | | | |
| 1. **Regulator Notified:** | | | ONRSR | | | | |  | | |  | | | | |  | | |  | | |
| **Date of Notification:** | | |  | | | | | | | | | | | | | | | | | | |
| **Notification period ends:** | | |  | | | | | | | | | | | | | | | | | | |
| **Acceptance received:** | | |  | | | | | | | | | | | | | | | | | | |
| These details must be provided to [standards@artc.com.au](mailto:standards@artc.com.au).  This waiver will not come into effect until the end of the required notification period and/or acceptance by the Regulator. | | | | | | | | | | | | | | | | | | | | | |
| **WAIVER CLOSE OUT** | | | | | | | | | | | | | | | | | | | | | |
| 1. **Close Out Statement (Endorsement Authority):**   *Include reason for waiver close out.* | | | | | | | | | | | | | | | | | | | | | |
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| Name | | | | | Position | | | | | | | | Signature | | | | | | | Date | |
| 1. **Close Out Authorisation (Approval Authority):** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | |  | | | | | | |  | |
| Name | | | | | Position | | | | | | | | Signature | | | | | | | Date | |