

Provisioning Centre / Work Group: \_\_\_\_\_ Week Ending: \_\_\_\_\_ Name of Examiner: \_\_\_\_\_

TYPE: Scheduled Inspection (specify) \_\_\_\_\_ Unscheduled Inspection (specify) \_\_\_\_\_

TYPE	EQUIPMENT INSPECTED	KM FROM	KM TO	DIR TRAVEL	DATE	SIGNATURE

EQUIPMENT IDENTIFICATION				DEFECT DETAILS						ADDITIONAL INFORMATION	
Equipment SPN or Ellipse Equipment Number	Km From	Km To	Component	Defect Type (Attribute ID)	Response Code	Severity Code	Priority Code	Corrective Action	Date Found	Comments	Defect Number (Office Use Only)

Note: All structures defects must be forwarded onto the local Structures Representative.

Are there any additional or changes to Geotechnical Sites: Yes  No  If YES please list on Defect Report form above i.e. Rock fall, slips, etc

My signature confirms that I have examined the infrastructure as stated above to the best of my ability in accordance with Australian Rail Track Corporation Standards. At any location where there was found to be corrective work required, appropriate corrective action has been taken or necessary protection applied, and the work required has been recorded on this Report.

Signature: ..... Date: .....