



Lost / Disrupted Protection Report

1. To be completed by Osborne Site Manager / Site Supervisor whenever any planned possession opportunity is not granted or is disrupted.
2. To be completed at the time of Possession / Protection cancellation in order to capture all necessary details.
3. The information must then be immediately relayed to the Possessions Delivery Manager – Steve Paul or Andy Childs – 07971 125 180
4. The completed form must then be sent via email to the relevant PM, QS and Possession Planner for the works by **09:00hrs** the next day.
5. If the Works are for Wessex IP then they should be recorded using the online System - ***IP Wessex Lost Access Notification***

Location:		Date:		Week No:		
Site Manager / Supervisor:						
Contract Number:		Fault Number (where applicable):				
Possession Type (Circle as appropriate):						
Line Blockage	Line Blockage + T-COD	Line Blockage + Disconnection	Line Blockage + Detonators	Line Blockage + Token	Possession	Sidings Possession
Conductor Rail (Circle as appropriate):						
Isolated		Current Unaffected				
Possession Details (Circle as appropriate):						
Possession			Line Blockage			
Osborne Worksite		Other Parties Worksite (Piggyback)	GZAM Requested Protection		WON Protection	
WON Item No / GZAC Ref:		PPS Ref No:		Planned Times:	From:	
					To:	
Line(s) to be Blocked:				Actual Times:	From:	
					To:	
Details of Person Cancelling or Curtailing Possession / Protection:						
Signaller's Name/ Name:		Contact Number:				
Signalbox Name/ Organisation:		Panel (where applicable):				
Other details (such as train movements):						
Reasons for Loss / Disruption:						
Possession not required	Insufficient Sub-contract resources	Inadequate Possession	Staff / Equipment	Paperwork Inadequate/ Incorrect		
Equipment Failure	Train Operations	Other Possessions / Limits Clash	Other (Please Specify):			
Further Possessions Required (specify):						



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SITE ATTENDANCE FORM

(This Form is to be Filled In BLOCK CAPITALS)

Subcontractor/GOL	No. Of Staff On Site

Plant	No. On Site

Material Type	Quantity Of Lost Materials

Name of Osborne Supervisor:- _____

Location :- _____

Date of Loss:- _____