



TRACK CERTIFICATION FORM - TRACK GEOMETRY DEFECTS

AK CAR Defect	YES	NO
OK +/- 2mm	NOT OK	TAG OUT
Circle Appropriate		OF USE

TRACK GAUGE MUST BE CALIBRATED BEFORE USE - RESULTS OF TRACK GAUGE NO.:

BEFORE CORRECTION (Stations at 2m intervals)							DAY:			DATE:			KM FROM:			KM TO:						
STN	ACTUAL SUPER	Short TWIST	STN	ACTUAL SUPER	Short TWIST	LONG TWIST	STN	ACTUAL SUPER	Short TWIST	LONG TWIST	STN	ACTUAL SUPER	Short TWIST	LONG TWIST	STN	ACTUAL SUPER	Short TWIST	LONG TWIST	STN	ACTUAL SUPER	Short TWIST	LONG TWIST
1			8				15				22				29				36			
2			9				16				23				30				37			
3			10				17				24				31				38			
4			11				18				25				32				39			
5			12				19				26				33				40			
6			13				20				27				34				41			
7			14				21				28				35				42			

AFTER CORRECTION (Stations at 2m intervals)							DAY:			DATE:			KM FROM:			KM TO:						
STN	ACTUAL SUPER	Short TWIST	STN	ACTUAL SUPER	Short TWIST	LONG TWIST	STN	ACTUAL SUPER	Short TWIST	LONG TWIST	STN	ACTUAL SUPER	Short TWIST	LONG TWIST	STN	ACTUAL SUPER	Short TWIST	LONG TWIST	STN	ACTUAL SUPER	Short TWIST	LONG TWIST
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4			11				18				25				32				39			
5			12				19				26				33				40			
6			13				20				27				34				41			
7			14				21				28				35				42			

Top Assess		Line Assess		TOP defect at station no. :	
STN	Mid Ordinate	STN	Mid Ordinate	LINE defect at station no. :	
				Short Twist defect at station no. :	
				Long Twist defect at station no. :	
				Transition? :	YES or NO
				Design Superelevation (mm) :	
				Default Speed as per BOC :	
				Normal Speed :	
				Temp Speed Restriction reqd? :	YES or NO
				FROM: _____ KM	TO: _____ KM

Show all information - eg.: TP, TRS, BE, PTS, XING NOSE, etc. @ (STN No.)

Comments : _____

Certifying Officer's Name : _____

Certifying Officer's Signature: _____ **Date:** _____

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. Any location where there was found to be corrective work required appropriate action has been taken or necessary precautions applied. The work required has been recorded on PP166F-01 Form.

Reviewed by Track Manager : _____ **Date:** _____

Note: This completed form is to be filed in the Track Certification Folder for RM and into AK Car Folder for defects pertaining to AK Car run