

Metropolitan Transit Authority of Harris County

## Trackway Allocation Request (METRORail Operations Division)

## Company Name: Requestor Name: Phone No: Email or Fax: Site Supervisor Name:\_\_\_\_\_\_ Site Phone No:\_\_\_\_\_\_ Work Location **Description of Work and Equipment Used** Dav Date Time Track On/Off Sun 1 Mon 1 Tue Wed Thu Fri Sat Sub-Contractors on Site: Crew Size: Supervisor Name: Company Name:

Company Name: Superviso	r Name:	Phone No:
Can LRV Enter & Pass Work Limits – YES / NO	METRO Police Required YES / NO	City Flagman Required YES / NO
Will You Be Closer Than 10" of the Nearest OCS Wire – YES / NO	METRO Flagman Required YES / NO	Additional Pages Submitted with Request – YES / NO

Special restrictions required on adjacent track: \_\_\_\_\_

This section to be completed by requesting party:

\* Permits are good only for the day (s) stamped. \* Work party MUST notify TCC immediately before entering and immediately upon leaving the Safety Zone

\* All personnel in the Trackway must wear approved safety vests or rainwear and be Safety Certified to perform work in the Safety Zone.

\* Requests for Trackway Allocation must be submitted by 5 PM Tuesday prior to the week of the scheduled work. \*24 Hours Notice required for changes to requests.

Caution: The Overhead Contact System (OCS) is to be considered LIVE and HOT at all times except when working under a Red Tag Allocation / Power OFF

Submit request for METRORail Operations Division areas to: E-mail TrackAccess@ridemetro.org

Violations of Track Access rules can result in suspension and/or up to termination of permit and Track Access.

\*\*\*\* NOTE: All requests to shutdown train service must be made a minimum of (3) weeks in advance. \*\*\*\*

Power

Requirements

(On/Off)

Phone No:\_\_\_\_\_



## Metropolitan Transit Authority of Harris County METRO PERSONNEL UTILIZATION FEE AGREEMENT (METRORail Operations Division)

METRORail provides certain personnel services made necessary by work conducted along METRORail and/or within the rail Safety Zone. METRO charges for the services as described below:

Certified Flagger/Rail Operator	\$27 per hour
<b>Traction Power Maintainer</b>	\$38.55 per hour (All Traction Power support services require 2 maintainers)
Supervisor	\$41.31 per hour
MTA Police Officer	\$36.00 per hour
Bus Bridge	\$100.06 per hour per Bus Operator

The services necessary for the work requested are determined by METRO based on the Trackway Allocation Request. In the event METRO determines the services of a Certified Flagger/Rail Operator(s), a Traction Power Maintainer(s), a METRO Police Officer(s), a Field Supervisor(s) or Bus Bridge are necessary, the personnel will be assigned by METRO, and work will not be allowed without those services.

The company identified below (Requestor) will be responsible for the payment for the services described above. METRO will prepare and submit an invoice within thirty days of the final date on which the above services are provided. Payment for those services will be due within thirty days after submission of the invoice.

The provision of the above services does not in any way alter the legal rights or responsibilities of the parties. METRO does not warrant, guarantee, insure, indemnify, or in any other way accept responsibility for the acts or failures to act of the entity, company, employees, or agents of the Requestor.

METRO's agreement to provide the necessary personnel support services is based solely on the description of the work as provided in the Trackway Allocation Request. Any omissions or errors in the description of the work, and any damages arising there from, are the sole responsibility of the requestor.

By signing below, the Requestor, through its authorized representative, agrees to the METRO Personnel Utilization Fee Agreement as described above. Through his or her signature, the undersigned affirms that he or she has authority to bind the Requestor to this agreement. NOTE: Failure to cancel personnel support services by 3:00PM the day prior to scheduled work date will result in the Requestor/Contractor being charged 2 hours for the services requested.

Company Name:	Phone:
	Email:
Representative	
Name:	Billing
	Address:
Representative	
Signature:	Date: