

Signal and Communication Cable Markout Request Form

Map Provided: Google Earth Map: Google Map: Date: _____

This Section Completed by Project Contractor:

Status Type: Standard (>15 days) Expedited (<15 days) Need-By Date: _____

Marking Type: Initial: Refresh: Autorefresh: (for projects > 60 days in duration)

For Autofreshes Only: Request Date is: every _____ day of the month going forward

Note: any changes to markout request will require a new form to be submitted, otherwise refreshes will remain the same

Project Duration: _____ Depth of Excavation: _____

Project Name: _____

Project Excavation: Cold Mill/Overlay: Track/Signal Work:

Type: Pothole/Survey: Bridge Work: Pipeline Install/Mod:

SCRRA Project # _____ Work Directive (WD) # _____
800000 Project # Series-WD #24
500000 Project # Series-WD #23
400000 Project # Series-WD #22

Project Description: _____

Excavation Equipment Using: _____

Work Location Details:

Nearest Street Address: _____

City: _____

County: _____ Zip Code: _____

Metrolink Subdivision: _____ Milepost: _____

Latitude: _____

Longitude: _____

Location: (Check Applicable) Railroad Xing Station: Right-of-Way:

Project Contact Details:

Project Contact Name: _____

Company Name: _____

Office Phone #: _____ Mobile Phone #: _____

Email Address: _____

Joint On-Site Meeting:

Preferred Date:

Preferred Time:

On-Site Contact Name: _____

Contact's Phone Number: _____

Meeting Location: _____

Send Completed Cable Marking Request Form to rightofentry@scrra.net

This Section Completed by Metrolink:

SCRRRA Project #: _____ Herzog Work Directive # _____

Go-Back Required? Yes No If Yes, why: _____

Go-Back Approved? Yes No SCRRRA PM: _____

Comments: _____

This Section Completed by Project Representative At End of Joint Meeting:

Contact's Name: _____

Company Name: _____

Meeting Location: _____

Contact's Signature: _____ Date: _____

Project Representative agrees that Metrolink's Signal Contractor has performed the Cable Marking and Locating at the requested location(s). After meeting with the Signal Contractor's Representative and discussing the markout and locate, Project Representative is satisfied with the markout and locate completed.

This Section Completed by Signal Maintenance:

Cable Locator's Name: _____

Locator's Phone # _____ Locator's Email: _____

On-Site Supervisor's Name: _____

Phone #: _____ Email: _____

Completed: _____ Marking Length: _____ Depth: _____

Arrived At: _____ Departed At: _____

Conflict Detected? Yes No Notes: _____

Cables Present: Signal Communications Crossing Gate Traffic Loops

Cable Marking Expires On: _____ **Markouts are only valid for 28 days**

Highball Signature: _____ Herzog Signature: _____

Pictures Showing Cable Markouts Must Be Submitted Along with the Completed Form

Please upload completed forms and pictures to the T&S SharePoint Cable Marking File