

**MEMORANDUM OF AUTHORISATION  
TO ERECT, DISPLAY, PLACE, REMOVE OR ALTER TRAFFIC CONTROL DEVICES**

**APPLICATION**

Pursuant to Regulations under Part 2 – Installation of Traffic Control Devices – of the Road Safety (Traffic Management) Regulations 2009, I/we hereby apply for authorisation to erect, display, remove or alter (s the case may be) the *Traffic Control Device(s)* as specified herein.

I/we also agree and acknowledge that:

1. The Traffic Control Devices will be removed before the "Expiry (Removal) Date" unless a further authorisation has been granted;
2. Accurate records of actual usage will be kept in a recoverable document (eg diary);
3. The attached plan(s) are a true and accurate reflection of the base information and proposed treatment(s); and
4. The treatment(s) as shown on the plan(s) are in accordance with the Worksite Safety Traffic Management – Code of Practice.

APPLICATION DATE:		<b>COUNCIL CONTACT DETAILS</b>	
<b>APPLICANT DETAILS</b>		CONTACT:	
NAME:		PROJECT:	
COMPANY:		<b>WORKS MANAGER DETAILS</b>	
PHONE:		COMPANY NAME:	
FAX:		ON-SITE CONTACT NAME:	
EMAIL:		ON-SITE CONTACT MOBILE:	
SIGNATURE:		FAX:	
NOTE:	<b>TRAFFIC MANAGEMENT COMPANY DETAILS</b>		
	COMPANY NAME:		
	ON-SITE CONTACT NAME:		
	ON-SITE CONTACT MOBILE:		

**OTHER APPROVALS**

WORKING IN ROAD RESERVE – CONSENT	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> EXEMPT	Permit No .....
NOTIFICATION OF PROPOSED WORK	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> EXEMPT	Permit No .....

**DESCRIPTION OF ACTIVITY**

TYPE OF ACTIVITY:			
SCOPE OF ACTIVITY:			
LANE CLOSURE DETAILS:		DIRECTION:	
SPEED REDUCTION:		TIME DELAY:	
REPEAT:		IF YES, REFERENCE:	
MAJOR TRAFFIC CONTROL DEVICES:			
MINOR TRAFFIC CONTROL DEVICES:			
MAJOR TRAFFIC CONTROL DEVICES – AFTERCARE:			
MINOR TRAFFIC CONTROL DEVICES – AFTERCARE:			

**LOCATION DETAILS:**

AREA / TOWN / SUBURB:		MUNICIPALITY:	
DECLARED ROAD NAME:		VCSD REF. EDITION:	
LOCAL ROAD NAME:		MELWAY REF. EDITION:	
OTHER LOCATION DETAILS			

**EXPECTED DATE / TIMES**

DAYS  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

	PERIOD 1	PERIOD 2
ERECTION DATE:		
EXPIRY (REMOVAL) DATE:		
DAILY DISPLAY TIMES:		
DISPLAY TIMES – AFTERCARE:		
PERMANENT TCD TO BE CHANGED OR COVERED:		

**AUTHORISATION**

As an Authorised Officer with the delegated power, I hereby grant authority to the use of Traffic Control Devices as specified above.

Authorised copies to:

1. Applicant.
2. Police TMU
3. File copy.

Name: .....

Title: .....

Signature: .....

Date: .....

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RISK ASSESSMENT FORM			
WORK LOCATION:			
ROAD TYPE:			
STEP 1 – SITE RISK RATING			
TRAFFIC VOLUME:		TRAFFIC SPEED:	
CLEARANCE BETWEEN WORKERS AND TRAFFIC:		SITE RISK RATING:	
STEP 2 – REQUIRED LEVEL OF PLANNING			
PLANS REQUIRED:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
TMP IN ACCORDANCE WITH AUSTRALIAN STANDARDS:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
TMP IN ACCORDANCE WITH ROAD MANAGEMENT ACT:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
CORRECT GEOMETRIC LAYOUT OF SITE:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
STEP 3 – RISK AT WORKSITE AND STEP 4 – RISK CONTROL MEASURES			
SAFETY HAZARD / RISK FACTOR	PRESENT AT WORKSITE	RISK CONTROL MEASURE	
CLEARANCE TO TRAFFIC:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
HIGH SPEED TRAFFIC THROUGH WORKSITE:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
POOR ADVANCE SIGHT DISTANCE TO WORKSITE (REQUIRED >200 METRES):	<input type="checkbox"/> Yes <input type="checkbox"/> No		
POOR OBSERVANCE OF DIRECTIONS / INSTRUCTIONS BY MOTORISTS:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
NARROW PAVEMENT WITH NO ESCAPE PATH (<2.9 METRES WIDE)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PRESENCE OF WORKERS AT THE WORKSITE:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
EXCAVATIONS ADJACENT TO WORKSITE:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PRESENCE OF UNPROTECTED HAZARDS WITHIN THE CLEAR ZONE:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ROUGH OR UNSEALED ROAD SURFACE:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
HIGH VOLUME OF TRAFFIC THROUGH WORKSITE (I.E. >10,000 VPD):	<input type="checkbox"/> Yes <input type="checkbox"/> No		
HIGH VOLUME OF HEAVY VEHICLES:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
WORKS VEHICLES ENTERING / LEAVING WORKSITE:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
CYCLIST / PEDESTRIANS THROUGH WORKSITE:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PUBLIC TRANSPORT AFFECTED:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
SCHOOL ZONE AFFECTED:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
OTHER:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
STEP 5 – RISK CONTROL MEASURES TO BE USED			
VMS BOARDS AT APPROPRIATE LOCATIONS PRIOR TO ACTIVITY:			
VMS BOARDS AT APPROPRIATE LOCATIONS DURING ACTIVITY:			
STATIC SIGNS FOR DETOURS AND TRAFFIC DIVERSIONS ROUTES:			
STATIC SIGNS FOR DETOURS AND TRAFFIC DIVERSIONS ROUTES:			