

IRN

W/O

# Tactical Incident Response Form

**ASSESS EVERY TASK, ALWAYS UPDATE THE NCC, REPORT ALL NEAR MISSES**

TACTICAL INCIDENT RESPONSE TEAM

INCIDENT/LOCATION DETAILS	EFFECTIVE TIME OF CALL OUT:	ROAD NAME:	M20 Junction 9
	AGREED TIME & DATE OF CALL OUT: T 8.55am D 18-12-18	DIRECTION:	NB SB EB WB M/P LOCATION:
	AGREED TIME OF ARRIVAL ON SITE: 9.30	POSITION:	NEAR SIDE OFF SIDE CENTRE RES
	AGREED TIME OF LEAVING SITE: 11.00am	NO OF LANES:	1 2 3 4 HARD SHOULDER - YES (NO)
	INSTRUCTED BY (PLEASE TICK): NCC FOUND BY TIRT	DEPOT NAME:	WEATHERHILL
	WEATHER: OVERCAST CLOUDY	CREW INITIALS:	[REDACTED]
	ROAD CONDITIONS: DRY	VEHICLE REG:	FG18 YJL
	PLEASE STATE ANY OTHER RELATED PAPERWORK IE PASSIVE REVIEW, DRA ETC:		

JOB DETAILS	DESCRIPTION OF INCIDENT/DAMAGE CAUSED:		IRN:	43022
	HANGING CONDUIT PIPE ALONG CANAL TO BOTH BANKS		W/O:	26055
	LOCATION DESCRIPTION (nearest town, junction etc.):		LINK & SECTION:	
	POLICE ATTENDANCE: YES (NO) P.C. NS: OFFICER IN CHARGE: N/A		CHAINAGE:	XSP:
	PARTIES / VEHICLES INVOLVED IN INCIDENT (Reg. No, Type, Names, Colour etc.): N/A		FIRE BREGADE: YES (NO)	STATION:
NOTE ANY POLICE INSTRUCTION:		POLICE INCIDENT No: N/A	AMBULANCE ATTENDANCE: YES (NO)	
		PHOTOS TAKEN: YES (NO)	VMS ACTIVATED: YES (NO)	NUMBER TAKEN: 10

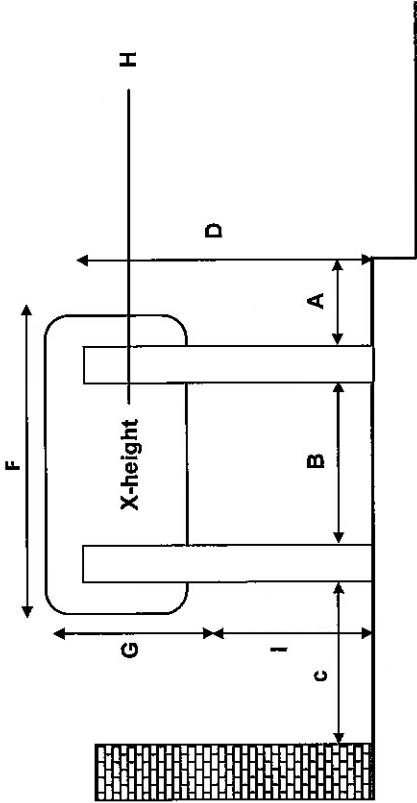
NATURE OF DAMAGE	DAMAGE DATE (if known)	No	SIZE/DETAILS:	No	SIZE DTEAILS				
	SIGNS - please note if powered		MARKER POSTS						
	LAMP COLUMNS		OTHER						
	SAFETY FENCE DAMAGE	MAIN C/WAY	SLIP ROAD	LINK ROAD					
	SIDE TM TO BE ERRECTED	DIRECTION?	BOTH						
	BARRIER TYPE	OB	TCB	SINGLE	DOUBLE	WIRE ROPE	FLEX BEAM	BARRIER GUARD	MEGARAIL
	NUMBER OF BEAMS	No	OB BEAM LENGTH =	2.4 M	4.8M				
	POST DETAILS & No	DRIVEN	No	SOCKET	No	CONCRETE	No	BRIDGE DECK	No
	P4 TERMINAL SECTION	YES / NO	ADJUSTER BEAM	YES / NO	No				
	FILTER DRAIN	YES / NO							

ACTION TAKEN AT TIME OF INITIAL INCIDENT	IMMEDIATE ACTION			
	PHONED NCC:	ON TIME GIVEN:	OFF TIME GIVEN:	INSTALLED EMERGENCY LANE 1/2/3 CLOSURE UNDER HATO/POLICE INSTRUCTION: YES / NO
	TEMPORARY ACTION			
	WAS TEMPORARY ACTION COMPLETED AT TIME OF CALL OUT? YES / NO			TREATMENT CODE:
	DESCRIPTION OF TEMPORARY WORK CARRIED OUT, OR TO BE CARRIED OUT: UNABLE TO CONFIRM IF CONDUIT IF CABLE INSIDE BOTH END OF PIPE GO UNDERGROUND SOUTH WATER PUMP STATION NEARBY			
	Number of times the open or closed carriageway was crossed (n/side of wherever and back = 1) - 1 person once = 1, 2 people once = 2 etc.			
PERMANENT ACTION				
PERMANENT ACTION REQUIRED? YES (NO)		WAS PERMANENT ACTION COMPLETED AT TIME OF CALL OUT? YES (NO)		
DESCRIPTION OF TEMPORARY WORK CARRIED OUT, OR TO BE CARRIED OUT:				
PLEASE FILL IN ALL DETAILS, WHAT IS REQUIRED, WHAT CAN BE REUSED, IS WORKS COMPLETE, WHAT IS REQUIRED, IE TM, MATERIALS ETC				

RESOURCES UTILISED	LABOUR	HRS	PLANT/TM EQUIPMENT	HRS/NO'S	STOCK NO'S	MATERIALS	QTY
	[REDACTED]	2	[REDACTED]	3		25KG TUB INSTAMAC	
	[REDACTED]	2	[REDACTED]	3		16KG BAG KLENSORB GRANUALS/STARDUST	
	[REDACTED]	2	[REDACTED]	3		7KG BAG STARDUST GRANUALS	
						DISPOSAL	
						SANDBAGS - ROT PROOF	
						SANDBAGS - NORMAL	
						BOUNDARY FENCING	
						BUILDERS SAND (A&E SAND)	
						PLASTIC FENCE STAKES	
						LAMPS & CONES	
						LAMP BATTERIES	
						FUEL SAFT LTRS	
						VIAFIX	
						CJS	

SIGNED TM CREW: [REDACTED]	SIGNED SUPERVISOR: [REDACTED]
DATE: 18/12/18	DATE:



<b>Date:</b>	<b>Name:</b>	<b>North/South</b> (delete as appropriate)
<b>Road Number(s):</b>	<b>Area:</b>	
<b>Location:</b>		
		
A	Offset from kerb/channel/edgeline to edge of sign	mm
B	Distance between post centres	mm
C	Offset from innermost post to any obstruction	mm
D	Height of post(s)	mm
E	Diameter and type of post(s)	mm RHS
F	Approximate width of sign	mm
G	Approximate height of sign	mm
H	X-height of letters (lower case)	mm
I	Mounting Height	mm
J	Is there a footway?	YES/NO
K	Is there safety fencing present?	YES/NO
L	Is the sign lit?	YES/NO

Sketch of sign and colours/symbols plus any other information (if known)

Location Plan/Sketch

