

Exhibit A

Permit #:

HRT - Right of Way Temporary Work Permit

This permit must be submitted by 5:00 P.M. on Tuesday prior to the work week requested

email to: rowworkpermit@hrtransit.org (If unable to email) Fax to: 757-222-6119

Operations Control Center 757-222-6063

Company: _____ Date: _____

Requester: _____ Email Address: _____

Office: _____ Cell: _____ Fax: _____

(In Lieu of Email Address)

Contractor's HRT Contact: _____

Detailed description of work to be performed:

Will transit workers or roadway workers be within 12ft. from center of nearest track at anytime?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If within 12ft a Level 2 qualified Flag Person (work zone) or Watch Person (moving work group) will be required.	HRT <input type="checkbox"/> Self <input type="checkbox"/>
Will work or equipment be within 10ft. of the closest overhead catenary wire at anytime?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Will any excavating be performed (by hand or machine)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the work described above being performed under a HRT contract?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If excavating is being performed Dig Number must be provided	<input type="text"/>
Dates Work Performed:	Start Date:	Finish Date:	
Enter Time in 24hr. Format:	Start Time:	Finish Time:	
Work Location by MP:	From MP:	To MP:	
Track to be Accessed:	Track 1 Eastbound <input type="checkbox"/>	Track 2 Westbound <input type="checkbox"/>	Both Tracks <input type="checkbox"/> Embedded Track <input type="checkbox"/> Yard Track <input type="checkbox"/>

I understand that before entering the HRT Right-of-Way, and prior to the start of any work, permission must be obtained from Operations Control Center (**OCC**) via a HRT issued handheld radio on the appropriate Operations channel from my work location. I understand all workers and equipment must remain 12ft. or more from the center of the nearest track at all times, if at anytime 12ft. cannot be maintained a restriction is required. A Roadway Worker In Charge and a Flag person must be designated for a work zone and a Watch person is required for a moving work crew. **If HRT radio fails OCC should be reached by phone at 757-222-6063**

HRT Maintenance of Way Use Only

Operation's:	Insurance Approved?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Training Completed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Initial:	
Signal:	Cable Locate Required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Barricade <input type="checkbox"/>	Track Vehicle <input type="checkbox"/>	Initial:	
Comm:	Cable Locate Required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Cones <input type="checkbox"/>	Stop Signs <input type="checkbox"/>	Initial:	
Traction Power:	Power Down Required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Derails <input type="checkbox"/>	Hand Tools <input type="checkbox"/>	Initial:	
Rail Fac. Maint:	Flagperson Scheduled?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Ground Strap <input type="checkbox"/>	Power Tools <input type="checkbox"/>	Initial:	
Track:	Work is Approved?	Yes <input type="checkbox"/> No <input type="checkbox"/>	PPE <input type="checkbox"/>	<input type="checkbox"/>	Initial:	

HRT Safety, Risk and Emergency Management Department's Use Only

Safety, Risk & EM	Work is Approved?	Yes <input type="checkbox"/> No <input type="checkbox"/>	N/A <input type="checkbox"/>	Initial:	
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HRT Engineering Department's Use Only

Engineering	Work is Approved?	Yes <input type="checkbox"/> No <input type="checkbox"/>	N/A <input type="checkbox"/>	Initial:	
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HRT Operations' Use Only

Operations:	Restriction	Speed Signs	Track Out of Service	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Track # 1 <input type="checkbox"/>	Track # 2 <input type="checkbox"/> Rail Yard. <input type="checkbox"/> Test Track <input type="checkbox"/>
	Moving Crew	Single Track		
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Operation Authorization Signature

Date

*** Please submit the following information with this Permit - Detailed Work Plan, Any prints/Schematics. A list of workers that will be conducting the work, any equipment that will be used to conduct the work and any lane closures.
Revised November 2025