



# DETROIT PEOPLE MOVER

500 Griswold, Suite 2900, DETROIT, MI 48226  
TELEPHONE – (313) 224-2160 / FAX – (313) 224-2134

**Maintenance Division  
OUTSIDE CONTRACTOR'S WORK**

## WORK AUTHORIZATION PERMIT APPLICATION PROCESSING INSTRUCTIONS

**DPM Hours of Operation**  
Sunday (10:00 am – Midnight)  
Monday - Thursday (7:00 am – 10:30 pm)  
Friday (7:00 am – 12:00 am) Saturday (10:00 am – 12:00 am)  
See the DTC website for the most current operating schedule

|        |   |       |  |
|--------|---|-------|--|
| To:    | Mark Pitchford, Risk Manager<br>(313) 221-1248 (Direct)                     | From: | _____  |
| Fax:   | _____   | Date: | _____  |
| Phone: | _____   | Pages | _____  |
| Re:    | <u>Detroit People Mover</u><br><u>Work Authorization Permit Application</u> | CC:   | Robert Cramer – General Manager (DTC)<br>Ernest Latham - Deputy General Manager (DTC)<br>Curt Knudsen – Maintenance Director (DTC)<br>Herbert Harris - Safety Manager (DTC)<br>Tony Vinson – Service Ops & Development<br>Director (DTC) |

The Detroit Transportation Corporation (DTC) requires a Work Authorization Permit Application (WAP) for any work being done within 50 feet of the People Mover system in accordance with the Detroit City Ordinance No. 47-4-5; 47-4-23; and/or 47-4-32. The attached application includes:

- **Detroit People Mover General Conditions (pages 2 & 3)**
- **Description of Standard Insurance Requirements (page 4)**
- **Work Authorization Permit Application (WAP) Form (page 5)** – Contractor shall indicate (at the top of the permit form) the start and ending dates and times needed to perform project and also complete Section 1 (1 thru 4). Return the permit to the DTC (electronically – [mpitchford@thepeoplemover.com](mailto:mpitchford@thepeoplemover.com)) or (fax (313) 224-2134) for pre-approval prior to the start of any work. If there’s more than one contractor representative for the project, provide contact information for each.

*Contractor must also submit the following documents with permit:*

- Item A** Detailed Work plan (Scope of Work)
- Item B** Description of all equipment (if any) that will be utilized in performing the work.
- Item C** Diagram of the work site - near or around the People Mover station(s).
- Item D** A Certificate of Insurance shall be submitted before the start of the work (evidence of adequate insurance, identifying the DTC, its current and past elected or appointed officials, members of its board and its current or past employees, consultants, and volunteers (\_\_\_\_) **as an additional insured**).

When work requires coordination with DTC staff for access to DTC property, the Contractor shall call the DPM Contract Representative and coordinate timings and the work schedule at least 24 hours before start of the work. If you need further information to assist you in completing the WAP form, please call (313) 224-2160 and ask to speak with Curt Knudsen, Mark Pitchford or the Safety Department. **IF YOU HAVE AN URGENT REQUEST, PLEASE CALL THE DTC CONTROL CENTER AT (313) 963-0171.**

## **DETROIT PEOPLE MOVER GENERAL CONDITIONS**

System Description: The Detroit Downtown People Mover (DPM) is a 2.9 mile fully-automated fixed rail transit system operating on an elevated Guideway in the central business district. Contained in the Guideway are steel running rails, linear induction reaction rails, critical train control and communication systems. There are 13 stations with stairs, escalator and elevator accessed platform level method of boarding the trains. These stations, in addition to providing access to the trains, contain support systems for the DPM. These include, but are not limited to, surveillance, communications, power, and uninterrupted power supply, CCTV and maintenance support facilities.

The Detroit City Code provides that any activity within fifty-feet (50 ft.) of the Detroit People Mover facilities, including the DPM Guideway, Stations, Maintenance and Control facility (MCF) and Power Sub Station, are subject to the authorization of the Detroit Transportation Corporation (DTC), owner and operator of the Detroit People Mover. This authorization is provided in the form of a Work Authorization Permit (WAP) issued by the Detroit Transportation Corporation. The general conditions attached to this permit are indicated below. Specific conditions will be included in each individual WAP.

1. The contractor shall provide a minimum of forty-eight (48) hours' notice describing the nature of the work within fifty (50) Feet of the People Mover Guideway to the DTC prior to commencement of the activity.
2. The contractor shall be responsible for obtaining all required permits from local, state and federal authorities prior to the commencement of construction.
3. The contractor shall provide the Detroit Transportation Corporation (DTC) with a written indemnity pursuant to which the contractor shall agree to defend, indemnify and hold harmless the DTC, its current and past elected or appointed officials, members of its board and its current or past employees, consultants and volunteers (\_\_\_) against any claims for personal injury and property damage resulting from the construction activities at the site.
4. The DTC, through its employees or agents, shall have the right to monitor the work and conduct safety inspections as it deems necessary.
5. The failure of the contractor to fulfill any of the conditions set forth herein shall entitle the DTC to immediately revoke the work authorization permit.
6. Unless otherwise agreed by the DTC, the contractor shall maintain a safe means of ingress and egress to and from the People Mover System during operating hours.
7. The contractor shall maintain clear access to DTC facilities on a 24-hour basis for ingress and egress for emergency, fire and rescue personnel, and maintenance personnel.
8. A contact person shall be designated by the Contractor to act as liaison with the DTC for all matters related to safety of the People Mover System.
9. The DTC shall have the right to review all plans and monitor any construction with reasonable advance notice, except for any matters related to immediate system safety concerns, which will require no advance notice.
10. No construction elevators or cranes shall be erected on or within 50 feet of the People Mover guideway without the prior written consent of the DTC.
11. The contractor shall provide special protection, such as netting, barricades, walks, screens, scaffolds, etc., in accordance with all applicable federal, state and local codes and as acceptable to the DTC, to help ensure the safety of DTC property, patrons and employees. No work shall be permitted unless such protection is provided as determined necessary by the DTC.

12. The Contractor shall make best efforts to schedule all construction work that may have any impact on the People Mover System during the Non-Revenue Hours. Non-revenue Hours are defined as Monday through Sunday 12 midnight to 5:00 AM, or such other hours as may be designated by the DTC as Non-Revenue Hours. Revenue hours may change as required by the DTC.
13. No crane lifts or other crane operations shall be performed on any structure or wall adjacent to the guideway without the prior written consent of the DTC. For purposes of this paragraph, adjacent is within 50 feet of the edge of the guideway. This paragraph will apply where any part of the load to be lifted is above the bottom of the guideway. Under no conditions will loads be permitted over the guideway during revenue service. Lifts may be permitted during Non-Revenue Hours only when coordinated by utilizing a crane spotter with a DTC employee on site.
14. The contractor shall provide proof that MISSDIG has been contacted for any work than entails the excavation, tunneling, or boring near the guideway.
15. The submittal of a contractor safety plan may be required. Depending upon the nature of the work, a site specific safety plan may be required. DTC contractor safety orientation may be required.
16. The DTC may, at its discretion, modify any of the above conditions or impose additional conditions, to help ensure the safety of the public, and its patrons, employees, agents, or property.
17. Proof of adequate insurance, as deemed appropriate by the DTC, will be required prior to the commencement of any activity.
18. No flammable material shall be stored below the DPM guideway or stations.
19. The contractor may be required to obtain a radio from the DTC MCF, have employee(s) trained in the use of the radio and have the radio available for use at the work site should the need arise to communicate with the DTC MCF.
20. The contractor shall not excavate within 50 feet of DPM facilities without specific WAP approval.
21. The contractor shall take all necessary steps to protect the Art Work in the DPM stations. The artwork shall not be damaged.



# DETROIT TRANSPORTATION CORPORATION

## WORK AUTHORIZATION PERMIT (WAP) MINIMUM INSURANCE REQUIREMENTS FOR WORK AROUND THE DETROIT PEOPLE MOVER

Please provide this and the WAP application/description of work to your insurance agent to ensure compliance with the required coverages. Insurance questions can be directed to:

Mark A. Pitchford, Risk Manager, Detroit Transportation Corporation  
500 Griswold, Suite 2900, Detroit, MI 48226  
Phone (313) 221-1248, Fax: (313) 224-2134,  
Email: mpitchford@thepeoplemover.com

The contractor, (including sub-contractors), shall provide evidence of the following insurance coverage prior to commencement of work around the People Mover guideway:

- Certificate of Insurance meeting the minimum requirements
  - Sign off of the items listed in this document
  - Copy of COVERAGE endorsements confirming DTC'S insurance requirements are in force and attached to the insurance certificate (i.e., **CG2417**)
1. Workers' Compensation Insurance for employees which meets Michigan's statutory requirements and Employers' Liability Insurance with minimum limits of \$500,000.00 each accident.
  2. Business Automobile Liability Insurance coverage for all vehicles whether owned, leased, hired or non-owned, in the amount of \$1,000,000.00, combined single limit.
  3. Commercial General Liability Insurance on an "occurrence form" with minimum limits of: \$ 1,000,000 each occurrence, \$ 1,000,000 Personal and Advertising Injury Limit, \$ 2,000,000 Products and Completed Operations Aggregate, \$ 1,000,000 Fire and Legal Liability, \$10,000 Medical Payments, and \$ 2,000,000 General Aggregate **per project**.
    - a. Additional Insured including the Detroit Transportation Corporation (DTC), its current and past elected or appointed officials, members of its board and its current or past employees, consultants and volunteers under **CG 2012 Additional Insured State or Political Subdivision**
    - b. Contractor's insurance shall be **primary and non-contributory** for DTC.
    - c. **Waiver of Subrogation**, in favor of DTC.
    - d. 30 Day Notice of cancellation in favor of DTC.
    - e. **Definition of Insured Contract is amended to remove the exclusion for work done within 50' of a railroad. USE CG 2417 or equivalent and attach this to the certificate of insurance.**
  4. Commercial umbrella or excess coverage providing terms and conditions on a following form excess basis over the primary coverage, with minimum limits of \$5,000,000 each occurrence, and \$5,000,000 aggregate, where applicable.
  5. Other insurance that may also be required include Aircraft Liability, Contractor's Pollution Liability, Professional Liability (E&O) or other depending upon the scope of work.

**We agree to provide the minimum insurance requirements at all times during the project.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**DETROIT TRANSPORTATION CORPORATION (DTC)**  
**(Tel. 313-224-2160/Fax 313-224-2134/Control Center 313-963-0171—24/7 Response)**

**WORK AUTHORIZATION PERMIT (WAP) FORM**

EFFECTIVE DATE(S) \_\_\_\_\_ Thru \_\_\_\_\_ Times \_\_\_\_\_  AM  PM to \_\_\_\_\_  AM  PM

**Section 1**

(1) **Work Location:** \_\_\_\_\_

(2) **Work to be Performed by:** \_\_\_\_\_

(3) **Description and Purpose of Work:** \_\_\_\_\_

Safety Isolation Required:  YES  NO

If Yes, Specify Lockouts: \_\_\_\_\_

(4) **Contractor Representative(s):** Name: \_\_\_\_\_ Ofc.# \_\_\_\_\_ Fax: \_\_\_\_\_  
Cell# \_\_\_\_\_

WAP Requested By: \_\_\_\_\_ Date: \_\_\_\_\_

WAP Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

WAP APPROVED BY MAINTENANCE MANAGER:  YES  NO

**Section 2: To be completed by Designated MGR., Co., Designee**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| A) Supervised Entry Required:                         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| B) Under Direct Supervision of Contract Rep:          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| C) Under Direct Supervision of O&M Rep:               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| D) All Isolation Points Are to Be De-energized:       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| E) Locks and Danger Tags on Isolation Points:         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| F) Door Key Issued to WAP Holder, Key # _____         | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| G) Secured With Locks by WAP Holder:                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| H) Contractor Safety / Security Orientation Required: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| I) Contractor Safety Plan Required:                   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

WAP Implemented By: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

WAP Accepted By: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 3:**

WAP Cancelled = Date: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| A) WAP Holder Locks Removed From Isolated Points:       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| B) Locks and Danger Tags Removed From Isolation Points: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| C) Door Key Returned to Control:                        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| D) Equipment and Systems Returned to Normal Condition:  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If No, Specify Reason: \_\_\_\_\_

cc:  System Control  System Control Operations Manager  DTC Engineer/Technical Consultant

Contractor  Safety  MSS  Maintenance Manager  Transit Police Chief  General Manager

Purchasing