|  |  |  |  |
| --- | --- | --- | --- |
| ELP/SAI25/NIssue 1A 11 Nov 2024 |  |  |  |
| **FORM****N** |  | **NETWORK RAIL** |  | **Ref:**  |
|  | **DECLARATION OF SWITCHED-OFF OLE AT NEUTRAL SECTION FORMING** |  |  |
|  | **BOUNDARY BETWEEN ELECTRICAL CONTROLS** |  |

**Part 1 – Declaration**

|  |  |  |  |
| --- | --- | --- | --- |
| From | Electrical Control Operator at |  |  Electrical Control |
| To | Electrical Control Operator at |  |  Designated Electrical Control |

The following overhead line equipment (OLE) has been switched off:

|  |  |  |
| --- | --- | --- |
| Electrical section(s) or | Line(s) | Limits |
| subsection(s) isolated | From | To |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Disconnectors and circuit breakers

|  |  |
| --- | --- |
| Opened | Not in normal position |
|  |  |
| This declaration is to be cancelled by |  |  hours |  |  date |
| Message no. |  |  Sent by |  |
| Date |  |  Received by |  |

**Part 2 – Issue**

For use of Electrical Control Operator at Designated Electrical Control. The OLE referred to in Part 1 has been combined with the OLE switched off following the block to electric trains referred to on my

|  |  |  |  |
| --- | --- | --- | --- |
| Form AE Part 1 message no. |  | date |  |

Within the combined, switched off OLE, the following Form B authorities have been issued:

|  |  |
| --- | --- |
| Issued | Cancelled |
| Time | Date | Time | Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Part 3 – Cancellation**

|  |  |  |  |
| --- | --- | --- | --- |
| From | Electrical Control Operator at |  |  Designated Electrical Control |
| To | Electrical Control Operator at |  |  Electrical Control |

All Form B authorities issued from this Electrical Control within the limits of the switched off OLE shown in Part 1 have been cancelled. This Declaration is now cancelled.

|  |  |  |  |
| --- | --- | --- | --- |
| Message no. |  |  Sent by |  |
| Date |  |  Received by |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | Form N checked by (name) | Signature |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |