# AUTHORITY FOR TEMPORARY SETTING OF SIGNALLING FUNCTIONS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| THIS FORM MUST BE COMPLETED FOR AUTHORITY TO APPLY FUNCTION SETTING OF SIGNALLING CONTROL SYSTEM DATA (WHICH IS NOT AUTHORISED BY APPROVED SIGNAL SYSTEM DATA & DESIGN) | | | | | | | | | | | | | | | | | |
| FUNCTION SETTING AUTHORITY NUMBER: | | | | | | | | |  | | | | | | | | |
| Authorising Officer Name & Position | | | | | | | | |  | | | | | | | | |
| Employee Authorised to Apply Function Setting: | | | | | | | | |  | | | | | | | | |
| Employee Required to Remove Function Setting: | | | | | | | | |  | | | | | | | | |
| Planned Application Date: | | | |  | | | | | | | Location: | | |  | | | |
| Planned Removal Date: | | | |  | | | | | | | System: | | |  | | | |
| Reason for Bridging: | | | |  | | | | | | | | | | | | | |
| Alternate Protection: | | | |  | | | | | | | | | | | | | |
| Procedures to be Observed: | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| *Copies of this form are to be issued to the signalling officer performing the work and signals maintenance representatives affected by the work.* | | | | | | | | | | | | | | | | | |
| SYSTEM DATA ISSUED | | | | | | | | YES / NO | | | | | | | | | |
| FUNCTION SETTING DETAILS | | | | | | | | | | | | | | | | | |
|  | Action | | Function | | | Original Parameter & Value | | | | | | Revised Parameter & Value | | | | Reset |  |
|  | 1 | |  | | |  | | | | | |  | | | |  |  |
|  | 2 | |  | | |  | | | | | |  | | | |  |  |
|  | 3 | |  | | |  | | | | | |  | | | |  |  |
|  | 4 | |  | | |  | | | | | |  | | | |  |  |
|  | 5 | |  | | |  | | | | | |  | | | |  |  |
|  | 6 | |  | | |  | | | | | |  | | | |  |  |
|  | 7 | |  | | |  | | | | | |  | | | |  |  |
|  | 8 | |  | | |  | | | | | |  | | | |  |  |
|  | 9 | |  | | |  | | | | | |  | | | |  |  |
|  | 10 | |  | | |  | | | | | |  | | | |  |  |
|  | | | | | | | | | | | | | | | | | | |
| Authorising Officer’s Signature: | | | | |  | | | | | | | | Date: | |  | | | |
|  | | | | | | | | | | | | | | | | | | |
| Performing Officer’s Signature: | | | | |  | | | | | | | | Date: | |  | | | |
|  | | | | | | | | | | | | | | | | | | |
| Signature of Signalling Employee Receiving Handover: | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| REMOVAL ADVICE | | | | | | | | | | | | | | | | | | |
| The actions used for the function setting listed above were reset to original values by: | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | | Date: | |  | | | |
|  | | | | | | | | | | | | | | | | | | |
| Signature of Officer receiving advice: | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| *Immediately upon completion of the form a copy is to be forwarded to those previously issued with a copy. The completed original is to be retained by the Authorising Officer with the book of forms. All forms are to be numbered consecutively.* | | | | | | | | | | | | | | | | | | |