

Attention All C/Rs and T/Os



DON'T PUT YOURSELF AT RISK

If you are told to isolate a car that contains infectious waste (such as blood, vomit, urine, feces), do not refuse.

Explain that you will do so as soon as you are provided with the necessary protective equipment – hazmat suit, boots, gloves, face shield.

If you are ordered to isolate a car without protective equipment, do not refuse. Ask for a Safety Dispute Resolution Form. Put your request on the air. Then wait until a supervisor brings you the form. Take the time to fill it out properly.

Also, if this happens to you, ask for a union rep. Put your request on the air.

SAFETY RULE DISPUTE RESOLUTION FORM

This section is for the employee who is alleging a violation of a departmental or applicable NYC Transit-wide safety rule or a section of an applicable law.

An employee or group of employees directed by supervision to violate a departmental or applicable NYC Transit-wide safety rule or applicable law can utilize the following procedure in order to have the situation immediately reviewed by a supervisor and manager, if necessary.

If a manager is present when the issue is raised, the alleged violation need only be reviewed by the manager. This procedure does not supercede or replace the provisions of the Collective Bargaining Agreement.

2. In this section the supervisor at the location must indicate what actions he/she took regarding the concerns that the employee has indicated. If the employee does not agree with the explanation or action, indicate what the disagreement is and refer the matter to a manager who must notify his/her divisional Control Center and advise them to immediately notify the TWU of the issue (888-898-6608). If there is no divisional Control Center the manager must notify the TWU. The manager must immediately review the matter.

3. In this section a manager from the division must indicate what actions he/she took regarding the concerns that the employee indicated above. Upon explaining to the employees what changes will be made at the work site or that the challenge is not valid

Employee Name	
Title	Pass #
Dept./Division	Supervisor
Date	Time
Task Being Performed	Location

Employee Agree Disagree

Employee Signature _____

Time ____ a.m. ____ p.m. Date ____/____/____

Supervisor Signature (required) _____

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Kevin Harrington, *VP RTO Department*

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Emil Sullivan, *Vice Chair (A)*
Demetrius Goody, *Vice Chair (B)*
Cleveland Manley, *Vice Chair (B)*
Eddie Dos Santos, *Recording Secretary*

Train Operators

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