



## **TO ALL SAFETY REPRESENTATIVES**

**Please submit all RDO's and vacation schedules as well as recent contact numbers when submitting copies of the safety walks.**

**Please let me know in advance if for some reason (i.e. sick, AVA, vacation or any emergencies), You are unable to do the safety walk for the month assigned.**

**If you have any further questions, please feel free to contact me @ (212) 873-6000, Ext. 2044 or (646) 498-3112**

**Thank you for your cooperation.**

**In solidarity,**

**Joe Costales  
RTO Safety Representative  
Vice Chair**

**JC/dm**

**Opeiu-153-dm**



*September 14, 2010*

**TO ALL SAFETY REPRESENTATIVES**  
**JUST A REMINDER...**

1. I am still in need of the following information. This would allow me to schedule all safety walks accordingly.
  - a. All scheduled vacations, V.I.D. days and AVA's.
  - b. Recent contact information, i.e. name, address, tours of duty, RDO's, contact numbers, etc.
2. When all safety walks have been completed for the day, please fax Appendix "B" to (718) 694-4298. This will ensure payment for the day. You must be sure that all the information is complete.
3. Please submit copies to Line Superintendents after completion of safety walks via fax or in person. You may also give copies to the TSS, if present.
4. Please submit two copies to the Union Hall, one to me in the RTO office and the other to the Safety Department.

**If you have any further questions, you may contact me at (212) 873-6000, extension 2044.**

**Thank you.**

JC/dm  
Opeiu-153  
6-10reminder



# NOTICE

You *MUST* fax the first page of Appendix “B”, signed by both the Safety Representative and TA Designee to Employee Availability at (718) 694-4298.

This form must be faxed the *SAME DAY* you do the inspection.

Failure to do so will result in your not being paid for the day.

Thank you.

Kevin Harrington  
Vice President  
Rapid Transit Operations



**NOTICE TO SAFETY-WALK REPS:**

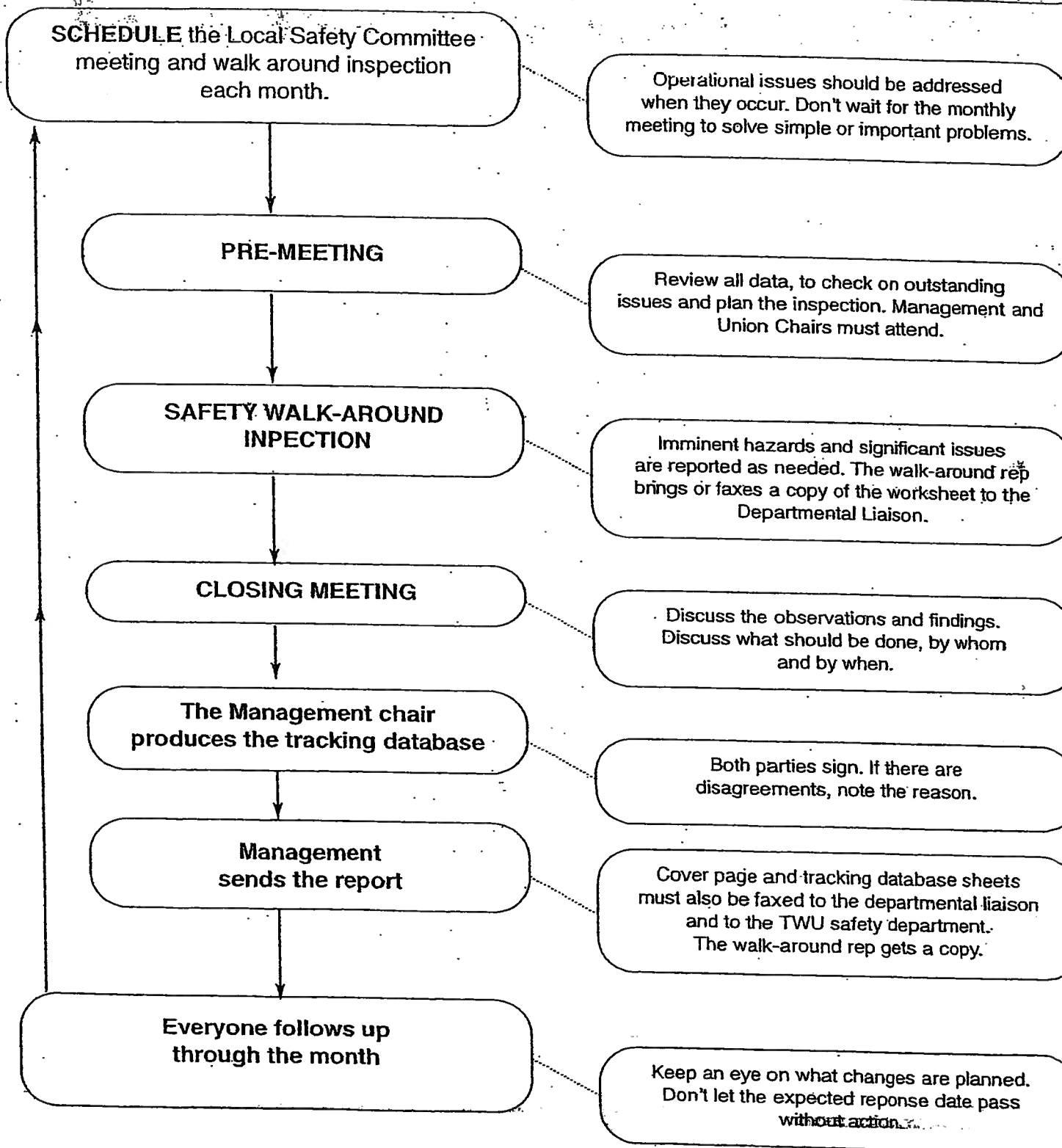
# **Ensure that you get paid**

Follow these steps to ensure that you get paid for performing a Safety Walk Around:

- 1)** Make certain Appendix B (on the first page of the 2-page form) is signed and has pass numbers for both yourself and the person from Management. This is your payroll sheet.
- 2)** If no one is available from Management to do the Walk Around with you: make sure to sign the Terminal Log Book; note the time you arrived; and note that no one met you. If possible, sign on the manual as well, and have the Dispatcher initial it.
- 3)** Make sure to fill out the RTO multi-page worksheet, then sign it.

***Failure to do these important things will result in your not being paid for the day***

# MONTHLY WALK-AROUND INSPECTION FLOW CHART



Appendix B  
Local Safety Committee  
Monthly Meetings

Date: \_\_\_/\_\_\_/\_\_\_

RC(s): \_\_\_\_\_

Location: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Division/Department:

DOB <input type="checkbox"/>	Station Operations <input type="checkbox"/>
RTO <input type="checkbox"/>	Car Equipment <input type="checkbox"/>
Electrical & Signals <input type="checkbox"/>	Track & Infrastructure <input type="checkbox"/>
EMD <input type="checkbox"/>	Supply Logistics <input type="checkbox"/>

Print Name & Pass Numbers of Participants:

Management/Designee	Union
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Key Hazards Cited (please check the appropriate box):

Housekeeping <input type="checkbox"/>	Pre-Trip Inspection issues <input type="checkbox"/>
Training <input type="checkbox"/>	Cab (operator, conductor) <input type="checkbox"/>
Emergency/Fire Exits Blocked <input type="checkbox"/>	Road or track conditions <input type="checkbox"/>
Fire Extinguisher/Fire Alarm <input type="checkbox"/>	Bus Stops, intersections, stations <input type="checkbox"/>
Chemical (handling, storage, use) <input type="checkbox"/>	Flagging <input type="checkbox"/>
Personal Protective Equipment <input type="checkbox"/>	Fall Protection <input type="checkbox"/>
First Aid/Defibrillator <input type="checkbox"/>	Ladders <input type="checkbox"/>
Ventilation/AC/Heat <input type="checkbox"/>	Welding/Burning <input type="checkbox"/>
3-point Contact <input type="checkbox"/>	Machine guarding <input type="checkbox"/>
Lighting <input type="checkbox"/>	Jacks, Bus Lift, Safety Stand <input type="checkbox"/>
Material Handling <input type="checkbox"/>	Scaffolds <input type="checkbox"/>
Radio/communications problem <input type="checkbox"/>	Compressed Gases Handling/Storage <input type="checkbox"/>
Hazardous Waste/Infectious Waste <input type="checkbox"/>	Powered industrial truck ops./forklift <input type="checkbox"/>
Industrial/Universal Waste <input type="checkbox"/>	Electrical/Lockout/Tagout <input type="checkbox"/>
Flammable/Combustible Liquids <input type="checkbox"/>	Lifts <input type="checkbox"/>
Walking surfaces <input type="checkbox"/>	Personal hoists <input type="checkbox"/>
Cell phones/electronic device used <input type="checkbox"/>	Confined Space <input type="checkbox"/>
Other _____ <input type="checkbox"/>	Other _____ <input type="checkbox"/>

**Concurrence: The minutes of this meeting have been reviewed for distribution (D 5, page 4)**

_____ Management/Designee	_____ Union
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JOINT SAFETY AND FACILITIES INSPECTION  
WORKSHEET  
LOCAL SAFETY COMMITTEE



LOCATION: \_\_\_\_\_ RESPONSIBILITY CENTER: \_\_\_\_\_  
(Name) (Number)

INSPECTION DATE: \_\_\_\_\_ TIME \_\_\_\_\_  
(Month/Date/Year) (Military)

PREVIOUS OPEN ITEMS - ACTIONS/COMMENTS

OPEN ITEM -  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT IS STATUS 10 DAYS AFTER INSPECTION DATE?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OPEN ITEM -  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATUS -  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OPEN ITEM -  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATUS -  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GENERAL ENVIRONMENT

FIRE, EXITS AND EVACUATION

How many Fire Extinguishers at the Location? \_\_\_\_\_

- 1. Fire Alarms Good  Poor
- 2. Stairs (Clean, dry, well-lit, hand rail) Good  Poor
- 3. Cat Walk (Clean, dry, well-lit) Good  Poor

Comments (including locations) \_\_\_\_\_  
\_\_\_\_\_

LIGHTING GOOD  PROBLEM

Comments: \_\_\_\_\_  
\_\_\_\_\_

VENTILATION/AC/HEAT GOOD  PROBLEM

Comments: \_\_\_\_\_  
\_\_\_\_\_

PEST CONTROL GOOD  PROBLEM

Comments: \_\_\_\_\_  
\_\_\_\_\_

HOUSEKEEPING GOOD  PROBLEM

Comments: \_\_\_\_\_  
\_\_\_\_\_

STORAGE AND HANDLING

Chemicals (including hazardous or infectious waste) GOOD  PROBLEM

Comments: \_\_\_\_\_  
\_\_\_\_\_

Heavy materials GOOD  PROBLEM

Comments: \_\_\_\_\_  
\_\_\_\_\_

PERSONAL PROTECTIVE EQUIPMENT

Availability, maintenance GOOD  PROBLEM

Comments: \_\_\_\_\_

NEW ITEMS WITH ACTIONS/COMMENTS

NEW ITEM \_\_\_\_\_  
ACTION TO BE TAKEN - \_\_\_\_\_

WHO WILL TAKE ACTION - \_\_\_\_\_  
(Work Orders #'s) \_\_\_\_\_

NEW ITEM \_\_\_\_\_  
ACTION TO BE TAKEN - \_\_\_\_\_

WHO WILL TAKE ACTION - \_\_\_\_\_  
(Work Order #'s) \_\_\_\_\_

NEW ITEM \_\_\_\_\_  
ACTION TO BE TAKEN - \_\_\_\_\_

WHO WILL TAKE ACTION - \_\_\_\_\_  
(Work Order #'s) \_\_\_\_\_

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WHO WILL TAKE ACTION - \_\_\_\_\_  
(Work Order #'s) \_\_\_\_\_

NEW ITEM \_\_\_\_\_  
ACTION TO BE TAKEN - \_\_\_\_\_

WHO WILL TAKE ACTION - \_\_\_\_\_  
(Work Order #'s) \_\_\_\_\_

**NEW ITEMS WITH ACTIONS/COMMENTS**

NEW ITEM \_\_\_\_\_

ACTION TO BE TAKEN - \_\_\_\_\_

WHO WILL TAKE ACTION - \_\_\_\_\_

*(Work Orders #'s)* \_\_\_\_\_

NEW ITEM \_\_\_\_\_

ACTION TO BE TAKEN - \_\_\_\_\_

WHO WILL TAKE ACTION - \_\_\_\_\_

*(Work Order #'s)* \_\_\_\_\_

NEW ITEM \_\_\_\_\_

ACTION TO BE TAKEN - \_\_\_\_\_

WHO WILL TAKE ACTION - \_\_\_\_\_

*(Work Order #'s)* \_\_\_\_\_

NEW ITEM \_\_\_\_\_

ACTION TO BE TAKEN - \_\_\_\_\_

WHO WILL TAKE ACTION - \_\_\_\_\_

*(Work Order #'s)* \_\_\_\_\_

NEW ITEM \_\_\_\_\_

ACTION TO BE TAKEN - \_\_\_\_\_

WHO WILL TAKE ACTION - \_\_\_\_\_

*(Work Order #'s)* \_\_\_\_\_

