TO ALL SAFETY WALK REPRESENTATIVES:

Please submit all of your information. This includes but is not limited to your days off, vacation schedule, phone number, and email address.

Let us know in advance if you are out sick, have a scheduled AVA, MAC appointment, or an emergency.

If you have any further questions, please feel free to contact us.

• Michelle Figueroa, Vice Chair: (646) 665-1164 / mfigueroa@twulocal100.org

• Raul Lugo, Division Chair: (646) 884-2454 / rlugo@twulocal100.org

• Eric Loegel, Vice President: (646) 830-4042 / eloegel@twulocal100.org
To All Safety Representatives

Just A Friendly Reminder

1. We are going to need the following information. This will allow us to schedule all the safety walks accordingly.

2. All scheduled vacations, single day vacations, AVAs, OTO days, etc.

3. Recent contact information (your name, address, tour of duty, RDOs, email addresses and contact numbers).

4. When all safety walks have been completed for the day, please fax Appendix "B" to (718) 694-5971. This will ensure payment for the day. You must be sure all the information is complete.

5. Please submit copies to the Line Superintendent after completion of the safety walks, either by fax, email, or in person. In addition, please submit a copy by fax to the DOS Safety Unit: (718) 694-1777.

6. Submit your copy to the Union by fax: (646) 998-7155 and/or email: mfigueroa@twulocal100.org, rlugo@twulocal100.org, eloegel@twulocal100.org.

If you have any further questions, you may contact us at (646) 665-1164.

Thank You.
Please Be Advised

You MUST, I repeat, MUST fax the first page of Appendix "B" signed by both the Safety Representative and Transit Authority Designee to Employee Availability at (718) 694-5971.

This form must be faxed the SAME DAY you complete the safety walk.

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

Thank You.
Appendix B
Local Safety Committee Monthly Meetings

Date ____ / ____ / ____

RC(s): ______________________

Location ______________________

Division / Department (check one)

DOB          [ ]
RTO          [ ]
Electrical & Signals [ ]
EMD          [ ]

Station Operations [ ]
Car Equipment [ ]
Track & Infrastructure [ ]
Supply Logistics [ ]

Print Names & Pass Numbers of Participants

Management / Designee

Union Representative

Key Hazards Cited (please check the appropriate box)

Housekeeping [ ]
Training [ ]
Emergency / Fire Exits Blocked [ ]
Fire Extinguisher / Fire Alarm [ ]
Personal Protective Equipment [ ]
First Aid / Defibrillator [ ]
Ventilation ? AC / Heat [ ]
3-Point Contact [ ]
Lighting [ ]
Material Handling [ ]
Radio / Communications Problem [ ]
Hazardous Waste / Infectious Waste [ ]
Industrial / Universal Waste [ ]
Flammable / Combustible Liquids [ ]
Walking Surfaces [ ]
Cell phones / electronic device used [ ]
Other_____________________

Pre-Trip Inspection Issues [ ]
Cab (operator / conductor) [ ]
Road or Track Conditions [ ]
Bus Stops, Intersections, Stations [ ]
Flagging [ ]
Ladders [ ]
Welding / Burning [ ]
Machine Guarding [ ]
Jacks, Bus Lift, Safety Stand [ ]
Scaffolds [ ]
Compressed Gases Handling / Storage [ ]
Powered industrial truck ops / forklift [ ]
Electrical / Lockout / Tagout [ ]
Lifts [ ]
Personal Hoists [ ]
Confined Space [ ]
Other_____________________

Concurrence: The minutes of this meeting have been reviewed for Distribution (D5, page 4)

Management / Designee

Union Representative
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 _________________________________________________________________

_________________________________________________________________________
NEW ITEMS WITH ACTIONS/COMMENTS

NEW ITEM ____________________________________________

ACTION TO BE TAKEN ___________________________________

_____________________________________________________

WHO WILL TAKE ACTION
(Work Orders #s) _______________________________________

NEW ITEMS WITH ACTIONS/COMMENTS

NEW ITEM ____________________________________________

ACTION TO BE TAKEN ___________________________________

_____________________________________________________

WHO WILL TAKE ACTION
(Work Orders #s) _______________________________________

NEW ITEMS WITH ACTIONS/COMMENTS

NEW ITEM ____________________________________________

ACTION TO BE TAKEN ___________________________________

_____________________________________________________

WHO WILL TAKE ACTION
(Work Orders #s) _______________________________________

NEW ITEMS WITH ACTIONS/COMMENTS

NEW ITEM ____________________________________________

ACTION TO BE TAKEN ___________________________________

_____________________________________________________

WHO WILL TAKE ACTION
(Work Orders #s) _______________________________________
GENERAL ENVIRONMENT

FIRE, EXITS & EVACUATION
How many Fire Extinguishers at the Location? _____________

1. Fire Alarms
   GOOD ☐ PROBLEM ☐
2. Stairs (Clean, dry, well-lit, hand rail)
   GOOD ☐ PROBLEM ☐
3. Cat Walk (Clean, dry, well-lit)
   GOOD ☐ PROBLEM ☐

Comments (including location) _____________________________________________

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 _____________________________________________________________
Restroom Facilities

Date ___/___/____
Location _______________________
RC # _______________________

Access / Entry ______________________

_______________________________

Lighting ______________________

_______________________________

Ventilation ______________________

_______________________________

Heat / AC ______________________

_______________________________

Hot / Cold Running Water (condition of sink and faucets) # Available ______________________

_______________________________

Hand towels / Blowers, Hand soap (condition and on site availability of stock) # Available ______________________

_______________________________

Toilets and / or Urinals (# available and condition) ______________________

_______________________________

Cleanliness (schedule of cleaning if possible) ______________________

_______________________________

Any ongoing work / construction, or pending work orders ______________________

_______________________________

Please continue on back if more documentation room is needed.