TO ALL SAFETY WALK REPRESENTATIVES

Please submit all your information. This includes but is not limited to 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 at:

* Dedra Brinson – RTO Representative – (347) 354-9085, dbrinson@twulocal100.org

* Eric Loegel – Vice President – (646) 830-4042, eloegel@twulocal100.org

TRANSPORT WORKERS UNION LOCAL 100

DB/ks
opeiu-153
afl-cio
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, AVA’s, OTO days, etc.

3. Recent contact information (your name, address, tour of duty, RDO’s. email address 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) 691-1777.

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

If you have any further questions, you may contact me at (347) 354-9085.

Thank you.

Dedra Brinson
RTO Representative
TWU – Local 100

DB/ks
opéiu-513
afl-cio
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 ☐

Station Operations ☐

RTO ☐

Car Equipment ☐

Electrical & Signals ☐

Track & Infrastructure ☐

EMD ☐

Supply Logistics ☐

Print Names & Pass Numbers of Participants

Management / Designee

Union Representative

____________________________

____________________________

____________________________

____________________________

Key Hazards Cited (please check the appropriate box)

Housekeeping ☐ Pre-Trip Inspection Issues ☐

Training ☐ Cab (operator / conductor) ☐

Emergency / Fire Exits Blocked ☐ Road or Track Conditions ☐

Fire Extinguisher / Fire Alarm ☐ Bus Stops, Intersections, Stations ☐

Personal Protective Equipment ☐ Flagging ☐

First Aid / Defibrillator ☐ Ladders ☐

Ventilation ? AC / Heat ☐ Welding / Burning ☐

3-Point Contact ☐ Machine Guarding ☐

Lighting ☐ Jacks, Bus Lift, Safety Stand ☐

Material Handling ☐ Scaffolds ☐

Radio / Communications Problem ☐ Compressed Gases Handling / Storage ☐

Hazardous Waste / Infectious Waste ☐ Powered industrial truck ops / forklift ☐

Industrial / Universal Waste ☐ Electrical / Lockout / Tagout ☐

Flammable / Combustible Liquids ☐ Lifts ☐

Walking Surfaces ☐ Personal Hoists ☐

Cell phones / electronic device used ☐ Confined Space ☐

Other __________________________

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?*

<table>
<thead>
<tr>
<th></th>
<th>GOOD</th>
<th>PROBLEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fire Alarms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Stairs (Clean, dry, well-lit, hand rail)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Cat Walk (Clean, dry, well-lit)</td>
<td></td>
<td></td>
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</table>

*Comments (including location)*

---

### LIGHTING

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*Comments*

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### VENTILATION / AC / HEAT

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*Comments*

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### PEST CONTROL

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*Comments*

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### HOUSEKEEPING

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</table>

*Comments*

---

### STORAGE AND HANDLING

*Chemicals (including hazardous or infectious waste)*

<table>
<thead>
<tr>
<th></th>
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<th>PROBLEM</th>
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</table>

*Comments*

*Heavy Materials*

<table>
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<tr>
<th></th>
<th>GOOD</th>
<th>PROBLEM</th>
</tr>
</thead>
</table>

*Comments*

---

### PERSONAL PROTECTIVE EQUIPMENT

*Availability, maintenance*

<table>
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<tr>
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<th>PROBLEM</th>
</tr>
</thead>
</table>

*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.
<table>
<thead>
<tr>
<th>Date</th>
<th>Updated Status (including work order #)</th>
<th>Responsibility</th>
<th>Requester</th>
<th>Due Date</th>
<th>Priority</th>
<th>Description</th>
<th>Open Date</th>
<th>Close Date</th>
<th>#</th>
</tr>
</thead>
</table>

**SAFETY INSPECTION TRACKING**

Appendix A