

## 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](mailto:dbrinson@twulocal100.org)
- \* Eric Loegel – Vice President – (646) 830-4042,  
[eloegel@twulocal100.org](mailto:eloegel@twulocal100.org)



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](mailto:dbrinson@twulocal100.org), [eloegel@twulocal100.org](mailto: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

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opeiu-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
- 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 <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"/>      |
| Personal Protective Equipment <input type="checkbox"/>        | Flagging <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 _____   | Other _____  |

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

*Management / Designee*

*Union Representative*

\_\_\_\_\_

\_\_\_\_\_



**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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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) \_\_\_\_\_



## 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.*



