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
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 scan or email Appendix “B” to miscellaneousotimekeeping@nyct.com. 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) 252-5619 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
opeiu-513
afl-cio
PLEASE BE ADVISED

You MUST scan or email the first page of Appendix “B” to Employee Availability at miscellaneoustimekeeping@nyct.com signed by both the Safety Representative and Transit Authority Designee.

This form must be scanned or emailed the SAME DAY you complete the safety walk. Failure to do so will result in not being paid for the day.

DB/ks
opeiu-153
afl-cio
10/13/21
Appendix B
Local Safety Committee Monthly Meetings

Date ____ / ____ / ____

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Pass Number</th>
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Union Representative

<table>
<thead>
<tr>
<th>Name</th>
<th>Pass Number</th>
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Key Hazards Cited (please check the appropriate box)

- Housekeeping [ ]
- Training [ ]
- Emergency / Fire Exits Block [ ]
- 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 [ ]
- 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

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
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</table>
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 & Evacuation

*How many Fire Extinguishers at the Location? ______________ *

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

**Comments (including location)**

---

## Lighting

**Comments**

---

## Ventilation / AC / Heat

**Comments**

---

## Pest Control

**Comments**

---

## Housekeeping

**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.
<table>
<thead>
<tr>
<th>Date</th>
<th>Closed</th>
<th>Open</th>
<th>Due Date</th>
<th>Response</th>
<th>Requester</th>
<th>Description</th>
<th>Priority</th>
<th>Location</th>
<th>RC #</th>
</tr>
</thead>
</table>

**SAFETY INSPECTION TRACKING**

Appendix A