

TO ALL RTO 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:

- **Denise Long**
TWU Local 100
RTO Safety Officer
929.276.2137
DLong@twulocal100.org



DB/ks
opeiu-153
afl-cio

TO ALL RTO SAFETY WALK 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, OTO days, etc.
3. Recent contact information (division, title, full name, pass, tour of duty, RDO, email and contact number.
4. When all safety walks have been completed for the day, please SCAN OR EMAIL APPENDEX B to miscellaneous@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 Supt. after completion of the safety walks, either by email or in person. In addition, please submit a copy, by email to the DOS SAFETY UNIT at dossafetysdsta@nyct.com
6. Submit your copy to the Union by fax (718) 694-3289 and or email to dlong@twulocal100.org.



PLEASE BE ADVISED

You **MUST SCAN or EMAIL** the first page of **APPENDIX B** to Employee Availability at miscellaneous_timekeeping@nyct.com signed by both the Safety Representative and the 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.



opeiu-153-ks
1/4/23

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

JOINT SAFETY WALK AND FACILITIES INSPECTION WORKSHEET
COMMON AREAS / HALLWAYS / STAIRCASES

DATE ___/___/___

LOCATION _____

RC # _____

1. ENTRY / EXIT / KEYPAD / SWIPE

2. NUMBER OF FIRE EXTINGUISHERS AND LOCATIONS

3. FIRE ALARMS

4. EVACUATION PLAN

5. FIRST AID KIT

6. PEST CONTROL / RODENTS / INSECTS

7. LIGHTING

8. VENTILATION

9. HEAT / AC

10. STORAGE & HANDLING OF CHEMICALS

11. FLOORS

12. CLEANLINESS

13. COMMENTS

JOINT SAFETY WALK AND FACILITIES INSPECTION WORKSHEET
CRC / SIGN IN & OUT OFFICE

DATE ___/___/___

LOCATION _____

RC # _____

1. LIGHTING

2. VENTILATION

3. HEAT / AC

4. COMMON COMPUTER FOR CREWS

5. PERSONAL PROTECTIVE EQUIPMENT / BATTERIES

6. WATER DISPENSER

7. FLOORS

8. CLEANLINESS

9. COMMENTS

JOINT SAFETY WALK AND FACILITIES INSPECTION WORKSHEET
CREW ROOM / LUNCHROOM / BREAKROOM

DATE ___/___/___

LOCATION _____

RC # _____

1. LIGHTING

2. VENTILATION

3. HEAT / AC

4. WATER DISPENSER

5. APPLIANCES

6. VENDING MACHINES

7. KITCHEN AREA / SINK / FAUCETS

8. TABLES / CHAIRS

9. UNION BOARD

10. FLOORS

11. CLEANLINESS

12. COMMENTS

JOINT SAFETY WALK AND FACILITIES INSPECTION WORKSHEET

WOMEN'S RESTROOM

DATE ___/___/___

LOCATION _____

RC # _____

1. LIGHTING

2. VENTILATION

3. HEAT / AC

4. TOILET PAPER / SOAP / HAND TOWELS / BLOWERS

5. SINKS / FAUCETS / MIRRORS

6. URINALS / TOILETS / STALLS

7. FLOORS

8. CLEANLINESS

9. COMMENTS

JOINT SAFETY WALK AND FACILITIES INSPECTION WORKSHEET

WOMEN'S LOCKER ROOM

DATE ___/___/___

LOCATION _____

RC # _____

1. LIGHTING

2. VENTILATION

3. HEAT / AC

4. LOCKERS

5. TABLES / CHAIRS / BENCHES

6. FLOORS

7. CLEANLINESS

8. COMMENTS

JOINT SAFETY WALK AND FACILITIES INSPECTION WORKSHEET

MEN'S RESTROOM

DATE ___/___/___

LOCATION _____

RC # _____

1. LIGHTING

2. VENTILATION

3. HEAT / AC

4. TOILET PAPER / SOAP / HAND TOWELS / BLOWERS

5. SINKS / FAUCETS / MIRRORS

6. URINALS / TOILETS / STALLS

7. FLOORS

8. CLEANLINESS

9. COMMENTS

JOINT SAFETY WALK AND FACILITIES INSPECTION WORKSHEET
MEN'S LOCKER ROOM

DATE ___/___/___

LOCATION _____

RC # _____

1. LIGHTING

2. VENTILATION

3. HEAT / AC

4. LOCKERS

5. TABLES / CHAIRS / BENCHES

6. FLOORS

7. CLEANLINESS

8. COMMENTS

JOINT SAFETY WALK AND FACILITIES INSPECTION WORKSHEET

TOWER

DATE ___/___/___

LOCATION _____

RC # _____

1. LIGHTING

2. VENTILATION

3. HEAT / AC

4. WATER DISPENSER

5. TOWER BOARD / BUTTONS / LEVERS

6. APPLIANCES

7. VENDING MACHINES

8. KITCHEN AREA / SINK / FAUCETS

9. TABLES / CHAIRS

10. UNION BOARD

11. FLOORS

12. CLEANLINESS

13. COMMENTS

JOINT SAFETY WALK AND FACILITIES INSPECTION WORKSHEET
FLAGGING QUARTER

DATE ___/___/___

LOCATION _____

RC # _____

1. LIGHTING

2. VENTALATION

3. HEAT / AC

4. WATER DISPENSER

5. BOX AREA

6. APPLIANCES

7. VENDING MACHINES

8. KITCHEN AREA / SINK / FAUCETS

9. TABLES / CHAIRS

10. UNION BOARD

11. FLOORS

12. CLEANLINESS

13. COMMENTS

JOINT SAFETY WALK AND YARD INSPECTION WORKSHEET

TRACKS

DATE ___/___/___

LOCATION _____

RC # _____

1. RIGHT OF WAY / SAFE WALKING PATH

2. SWITCHMAN / HAND SWITCHMAN SHACKS

JOINT SAFETY WALK AND FACILITIES INSPECTION WORKSHEET
10 DAYS AFTER INSPECTION UPDATE COVER SHEET

DATE ___/___/___

LOCATION _____

INSPECTION DATE ___/___/___

TOTAL NUMBER OF PAGES INCLUDING THIS PAGE _____

TWU LOCAL 100 RTO SAFETY WALK REPRESENTATIVE

TWU LOCAL 100 RTO SAFETY OFFICER

DENISE LONG

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LINE MANAGER

OFFICE OF LABOR RELATIONS

VALERIE DABAS

VDABAS@NYCT.COM



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