

## 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:

- \* Domonic Culp – RTO Representative –  
[dculp@twulocal100.org](mailto:dculp@twulocal100.org)  
[347-866-3878](tel:347-866-3878)

\*



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 **scan or email** Appendix "B" to [miscellaneous@nyct.com](mailto: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 Superintendent 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 [aaron.ricketts@nyct.com](mailto:aaron.ricketts@nyct.com)
6. Submit your copy to the Union by fax (646) 252-5619 and/or email to [dculp@twulocal100.org](mailto:dculp@twulocal100.org)



## PLEASE BE ADVISED

You MUST scan or email the first page of Appendix "B" to Employee Availability at [miscellaneous@nyct.com](mailto:miscellaneous@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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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*

\_\_\_\_\_

\_\_\_\_\_



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

## GENERAL ENVIRONMENT

### FIRE, EXITS & EVACUATION

How many Fire Extinguishers at the Location? \_\_\_\_\_

- |   |                               |                                  |
|---|-------------------------------|----------------------------------|
| 1. Fire Alarms                              | GOOD <input type="checkbox"/> | PROBLEM <input type="checkbox"/> |
| 2. Stairs (Clean, dry, well-lit, hand rail) | GOOD <input type="checkbox"/> | PROBLEM <input type="checkbox"/> |
| 3. Cat Walk (Clean, dry, well-lit)          | GOOD <input type="checkbox"/> | PROBLEM <input type="checkbox"/> |

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.*



