

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:

* Denise Long – RTO Representative –
dlong@twulocal100.org
[929-276-2137](tel:929-276-2137)

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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. 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 DOSSafety@nyct.com
6. Submit your copy to the Union by fax (646) 252-5619 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@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.

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afl-cio
10/13/21

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 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.

SAFETY INSPECTION TRACKING

4 = Quality of Life

Location

Location

[illegible]