

TO ALL SAFETY WALK REPRESENTATIVES

Please submit all of your information. This includes but is not limited to your days off, your vacation information, phone number and your email address information.

Let us know in advance if you are going to be sick, have a scheduled A.V.A., vacation and or any other emergency.

If you have any further questions, please feel free to contact us at

1.212.873.6000 extension 2045 or 1.646.709.4711.

Thanking you in advance for your cooperation.

In Solidarity



Kia Phua, Vice President of R.T.O.



To All Safety Representatives

Just A Friendly Reminder

1. We are going to need of the following information. This will allow me schedule all the safety walks accordingly.
2. All scheduled vacations, V.I.D.'s days and A.V.A.'s
3. Recent contact information (your name, address, tours of duty, RDO's, email addresses and contact numbers).
4. When all safety walks have been completed for the day, please fax Appendix "B" to 1.718.694. 5971. This will ensure payment for the day. You must be sure that all the information in complete.
5. Please submit copies to the Line Superintendent after completion of safety walks via fax or in person. You may also give copies to the Train Service Supervisor (if he or she available).
6. Submit your copy to the Union Hall by using the R.T.O. Fax number 1.646.998.8048.

If you have any further questions, you may contact me at 1.212.873.6000 extension 2045 or 1.646.709.4711.

Thank You.

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

1.718.694.5971

This form must be faxed the **SAME DAY** you complete the Safety Walk.

Failure to do so will result in one not being paid for the day.

Thank You.

How To Properly Complete The Safety Walk Paperwork

Page One (Appendix B)

Date

Location

R.C. Number For The Location

Department/Division

Both Management/Designee Spaces (this needs to be a Supervisor)

Both Union Spaces

All of these things listed are the pertinent things that one needs to ensure that they complete on the form to ensure payment.

Page Two (Joint Safety And Facilities Inspection Worksheet)

Location

Responsibility Center

Inspection Date (the date that the inspection is actually taking place)

Time (all of the walks should be taking place after 10:00 hours)

Previous Open Items (if you were at the location the previous month this is where you would list the open items, if you were not at the location the previous location last month simply mark unknown on each line)

Page Three (General Environment)

Fire Exits and Evacuation (how many extinguishers at the location and are they charged)

Fire Alarms, Stairs, Cat Walk (check these boxes based on the conditions that you see in the field)

Lighting (check these boxes based on the conditions that you see in the field)

Ventilation/ Air Conditioning/ Heat (check these boxes based on the conditions that you see in the field)

Pest Control (check these boxes based on the conditions that you see in the field)

Housekeeping (check these boxes based on the conditions that you see in the field)

Storage and Handling (check these boxes based on the conditions that you see in the field)

Heavy Materials (check these boxes based on the conditions that you see in the field)

Personal Protective Equipment (check these boxes based on the conditions that you see in the field)

Page Four Or Page Five (New Items With Actions/Comments)

Any items that you spotted while you were doing Safety Walks, this is the opportune time for you to put it on the paperwork.

Page Five Or Page Six (Appendix A Safety Inspection Tracking)

Again this is the time for one to list any items that you spotted while you were doing Safety Walks.

**NO PAGES SHOULD BE BLANK, EVERY PAGE SHOULD
BE COMPLETED**

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
- 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.

