



Inspection Form

Form WMSC-IR-1

Washington Metrorail Safety Commission

Agency/Department Information

Inspection Date	YYYY	MM	DD	Report Number	20191204-WMATA-KEK-10		
	2019	12	04				
Rail Agency Name	Washington Metropolitan Area Transit Authority			Rail Agency Department	WMATA - ATC	Sub- Department	ATC-PMI Group
Rail Agency Department Contact Information	Name		Email	Office Phone		Mobile Phone	
	[REDACTED]		[REDACTED]	[REDACTED]		[REDACTED]	
	[REDACTED]		[REDACTED]	[REDACTED]		[REDACTED] – C07 to J03	
Inspection Location	C08 – C01-270+00 to 307+58 – Pentagon to Pentagon City – Blue & Yellow Line						

Inspection Summary

Inspection Activity #	1	2	3	4	5	6
Activity Code	STC-OBS-RM	C01-P				
Inspection Units	20	01				
Inspection Subunits	1	0				
Defects (Number)	0	0				
Recommended Finding	0	0				
Remedial Action Required¹	NO	NO				
Recommended Reinspection	NO	NO				

Activity Summaries

Inspection Activity #	1	Inspection Subject	Track Circuit Shunt Verification				Activity Code		STC	OBS	RM
Job Briefing Employee Name/Title	WMATA RWIC – [REDACTED]		Accompanied Inspector?	YES	Out Brief Conducted	YES	Time	1009am	Outside Shift	NO	
Related Reports	N/A		Related CAPS / Findings		N/A						
Related Rules, SOPs, Standards, or Other	Ref		Rule or SOP		Standard		Other / Title		Checklist Reference		
	RWP - TCR								Form 1012C		
	ATC-1000		1012C		O&M Manual		TCR-Book of Plans				
Inspection Location	Main Track	Yard	Station	OCC	RTA Facility	WMSC Office	Track Type	At-grade	Tunnel	Elevated	N/A
	X		X						X		
Line(s)	Blu & YL	Track Number	Track #1	Chain Marker and/or Station(s)	From			To			
					CM C08 (Pentagon City) 270 +00			CM C07 (Pentagon) 370+00			
Vehicles	Head Car Number		Number of Cars		Equipment	N/A					
	N/A		N/A								

¹ The rail transit agency must provide WMSC with the necessary evidence (e.g. maintenance work order system records, photos, documentation, records, data, or other evidence) to close out the Remedial Action. Closeout of Remedial Actions may also be subject to ongoing WMSC verification inspections to ensure corrections are sufficient and effective.

Inspector in Charge – Signature	Date
KEMMERY E. KENDRICK	12/04/2019
Inspector in Charge – Name	Inspection Team
KEMMERY KENDRICK	Washington Metrorail Safety Commission



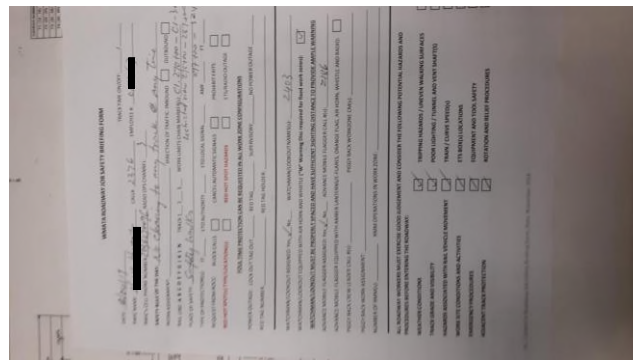
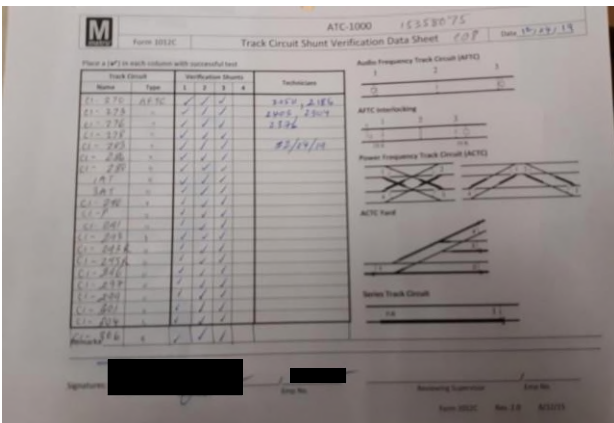
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Description	<p>ACT-PMI Audio Frequency Track Circuit Testing, December 4, 2019. Between C1-270+00 Pentagon C07 to C1 307+00 Pentagon City C08. ATC work crew under the direction of RWIC, using AMF, working under normal revenue service, in conjunction with 10mph speed restrictions; performed regular PMI High Frequency Track Circuit Verification.</p> <p>After the Job Safety Briefing the roadway crew members were transported by train to CM – C1-270+00 to begin on track shunting at approximately 1009am. The ATC Supervisor and TCR room Technician monitored and recorded all circuit shunting within the Train Control Room at Pentagon City location. Forms used are 1012C and 1012A. Roadway Crew members working from CM - C1-270+00, proceeding East CM – C1 70+00.</p> <p>Notable Observances:</p> <ul style="list-style-type: none"> Track Circuits effected were: C1-270, 273, 276, 278, 283, 286, 280, Interlocking circuits 1AT and 3AT, Platform circuit C1P, 291, 293, 293R-295R, 296, 297, 299, 301, 204, and 306. Transmitters for s293R and 295R located at C08; TM7-H Location, and Brickson Receiver (ATP Speed Commands) located at C1-295, 291, C1P circuits. Foul time was obtained and returned approximately 1100am – 1113am to test C1-P from ROCC for 296+70 to 296+70. Equipment: AF-800W and TC Union Switch & Signal. Meters: 1 Fluke 123, calibration due June 14, 2020. All circuits responded to shunting as per WMATA and O&M specifications. 	Number of Defects	0
		Recommended Finding?	NO
		Remedial Action Required?	NO
		Recommended Reinspection?	NO
Remedial Action	NONE		

Photos:





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WARRANTY MANAGEMENT FOR SAFETY BY TESTING FORM

REQUIREMENTS: ADDRESS ISSUES, TEST, REPORT AND DOCUMENT. TO INITIATE A LOGGED FAULTS CHALLENGE, REPORT NECESSARY.

REPORTING: Report Fault Number Report Faults Contribution for Data (Please Mark Correct)

NECESSARY WORKER RECOVERY/REASSIGNMENT

Component and report with all aspects of the Recovery with Safety Surface. Just received - but I am ultimately responsible from the time of the initial report. I understand there is responsibility to conduct myself as a safe member at all times.

Recovery Worker Signature: [Redacted] Employee/Contractor ID #: [Redacted] Crew Leader(s) Signature/ID #: [Redacted] Mobile Cell #: [Redacted]

DATE/TIME: [Redacted] DATE/TIME: [Redacted]

ISSUE FACTS CHALLENGE INFORMATION

EMPLOYEE NAME: [Redacted] EMPLOYMENT: [Redacted] DATE/TIME: [Redacted] ISSUED REQUIRED: [Redacted]

