



## Inspection Form

**Form WMSC-IR-1**

Washington Metrorail Safety Commission

**Agency/Department Information**

|   |  |    |              |                               |                       |                        |       |
|---|--|----|--------------|-------------------------------|-----------------------|------------------------|-------|
| <b>Inspection Date</b>                            | YYYY   | MM | DD           | <b>Report Number</b>          | 20200716-WMATA-KEK-07 |                        |       |
|   | 2020   | 07 | 16           |                               |                       |                        |       |
| <b>Rail Agency Name</b>                           | Washington Metropolitan Area Transit Authority                 |    |              | <b>Rail Agency Department</b> | Signals & ATC         | <b>Sub- Department</b> | ATCIN |
| <b>Rail Agency Department Contact Information</b> | <b>Name</b>  |    | <b>Email</b> | <b>Office Phone</b>           |                       | <b>Mobile Phone</b>    |       |
|   | ██████████   |    | ██████████   | ██████████                    |                       | ██████████             |       |
|   | ██████████   |    | ██████████   | ██████████                    |                       | ██████████             |       |
|   | ██████████   |    | ██████████   | ██████████                    |                       | ██████████             |       |
| <b>Inspection Location</b>                        | B08 – Silver Spring Interlocking – CM:457 + 00 to CM: 470 + 07 |    |              |                               |                       |                        |       |

**Inspection Summary**

| Inspection Activity #                       | 1          | 2          | 3          | 4          | 5          | 6          |
|---|------------|------------|------------|------------|------------|------------|
| <b>Activity Code</b>                        | STC-RR-QAI | STC-RR-QAI | STC-RR-QAI | STC-RR-QAI | STC-RR-QAI | STC-RR-QAI |
| <b>Inspection Units</b>                     | 1          | 1          | 1          | 1          | 1          | 1          |
| <b>Inspection Subunits</b>                  | 0          | 0          | 0          | 0          | 0          | 0          |
| <b>Defects (Number)</b>                     | 3          | 3          | 3          | 3          | 3          | 3          |
| <b>Recommended Finding</b>                  | YES        | YES        | YES        | YES        | YES        | YES        |
| <b>Remedial Action Required<sup>1</sup></b> | YES        | YES        | YES        | YES        | YES        | YES        |
| <b>Recommended Reinspection</b>             | NO         | NO         | NO         | NO         | NO         | NO         |

**Activity Summaries**

| Inspection Activity #                           | Inspection Subject                 | Records Review – Q&A for Compliance |  |                                       |                  | Activity Code                    |                   | STC                          | RR     | QAI      |     |
|---|------------------------------------|-------------------------------------|--|---------------------------------------|------------------|----------------------------------|-------------------|------------------------------|--------|----------|-----|
| <b>Job Briefing Employee Name/Title</b>         | None Required                      | <b>Accompanied Inspector?</b>       | NO   | <b>Out Brief Conducted</b>            | N/A              | <b>Time</b>                      | N/A               | <b>Outside Shift</b>         | N/A    |          |     |
| <b>Related Reports</b>                          | Tri State Oversight – Final Report | <b>Related CAPS / Findings</b>      | ATC & Signals Partial Audit Element #15 – Finding #2 |                                       |                  |                                  |                   |                              |        |          |     |
| <b>Related Rules, SOPs, Standards, or Other</b> | Ref                                | Rule or SOP                         |  | Standard                              |                  | Other / Title                    |                   | Checklist Reference          |        |          |     |
|   | RWPM                               |                                     |  |                                       |                  | TOC-ATC-15-011-CAP               |                   | TCR Records                  |        |          |     |
| <b>Inspection Location</b>                      | Main Track                         | Yard                                | Station  | OCC                                   | RTA Facility     | WMSC Office                      | <b>Track Type</b> | At-grade                     | Tunnel | Elevated | N/A |
|   | X                                  |                                     | X  |                                       |                  |                                  |                   | X                            |        |          |     |
| <b>Line(s)</b>                                  | B-Line                             | <b>Track Number</b>                 | B1 & B2  | <b>Chain Marker and/or Station(s)</b> |                  | <b>From</b>                      |                   | <b>To</b>                    |        |          |     |
|   |                                    |                                     |  |                                       |                  | B08 (Silver Spring) B08 457 + 00 |                   | B08 (Silver Spring) 480 + 25 |        |          |     |
| <b>Vehicles</b>                                 | <b>Head Car Number</b>             |                                     | <b>Number of Cars</b>                                |                                       | <b>Equipment</b> |                                  | N/A               |                              |        |          |     |
|   | N/A                                |                                     | N/A  |                                       |                  |                                  |                   |                              |        |          |     |

<sup>1</sup> 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.

|  |                        |               |
|--|------------------------|---------------|
| <b>Inspector in Charge – Signature</b> |                        | <b>Date</b>   |
| KEMMERY ELAENE KENDRICK                |                        | July 21, 2020 |
| <b>Inspector in Charge – Name</b>      | <b>Inspection Team</b> |               |
| KEMMERY E. KENDRICK                    | WMSC                   |               |



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|                        |  |                                  |     |
|------------------------|--|----------------------------------|-----|
| <b>Description</b>     | <p><b>Records Review Inspection – TCR, MAXIMO, &amp; Compliance for consistency throughout.</b><br/>           I attempted to contact Compliance, and MAXIMO for their copies to compare to see if the following Procedures were adhered to. I find WMATA is <b>OUT of COMPLIANCE</b> with proper Record Keeping practices.<br/> <b>ATC-3000 Preventative Maintenance and Technical Procedure Manual ATC-3000 Revision 2.0, Page 5 of 187 states</b><br/> <b>Paragraph #5</b> - Datasheets must be completed only during the performance of the performance of the applicable procedure. Falsification or tampering with records can result in disciplinary actions.<br/> <b>Paragraph #6</b> - Supervisors shall ensure work is performed according to established procedure by <i>periodically witnessing the work</i> and posting procedures.<br/> <b>Paragraph -#7</b> - Datasheets require both a technician(s) and supervisor signature. The technician(s) certify the work and accuracy of readings on the datasheet. The supervisor reviews the work and compares readings for trends compared to previous readings as well as other abnormalities for the location/equipment then countersigns the document.<br/>           I attempted to reach out to MAXIMO and Compliance for their copies of ATCR records only to be told to reach out to QICO. A copy of the email is attached for viewing. July 21, 2020, I have not heard back with my request.<br/>           The lack of Supervisor signature on all and previous reports leads me to think that there is a break down in understanding ATC-3000 by ATCM staff.</p> | <b>Number of Defects</b>         | 3   |
|                        |  | <b>Recommended Finding?</b>      | YES |
|                        |  | <b>Remedial Action Required?</b> | YES |
|                        |  | <b>Recommended Reinspection?</b> | YES |
| <b>Remedial Action</b> | <p>WMATA will see to it that all forms for testing are adequately filled out in accordance to throughout its system. Going forward all 3 departments involved are to communicate complete cooperation in assuring consistency.</p>   |                                  |     |