



## Inspection Form

**Form WMSC-IR-1**

Washington Metrorail Safety Commission

**Agency/Department Information**

|   |  |    |              |                               |                      |                       |                     |
|---|--|----|--------------|-------------------------------|----------------------|-----------------------|---------------------|
| <b>Inspection Date</b>                            | YYYY   | MM | DD           | <b>Report Number</b>          | 20200729-WMATA-LBW-1 |                       |                     |
|   | 2020   | 07 | 29           |                               |                      |                       |                     |
| <b>Rail Agency Name</b>                           | Washington Metropolitan Area Transit Authority |    |              | <b>Rail Agency Department</b> | Operations           | <b>Sub-Department</b> | Stations            |
| <b>Rail Agency Department Contact Information</b> | <b>Name</b>                                    |    | <b>Email</b> |                               | <b>Office Phone</b>  |                       | <b>Mobile Phone</b> |
|   | [REDACTED]                                     |    | [REDACTED]   |                               | [REDACTED]           |                       | [REDACTED]          |
|   | [REDACTED]                                     |    | [REDACTED]   |                               | [REDACTED]           |                       | [REDACTED]          |
|   | [REDACTED]                                     |    | [REDACTED]   |                               | [REDACTED]           |                       | [REDACTED]          |
| <b>Inspection Location</b>                        | Eisenhower Avenue (C14)                        |    |              |                               |                      |                       |                     |

**Inspection Summary**

| Inspection Activity #                       | 1           | 2 | 3 | 4 | 5 | 6 |
|---|-------------|---|---|---|---|---|
| <b>Activity Code</b>                        | RTRA-GEN-RR |   |   |   |   |   |
| <b>Inspection Units</b>                     | 1           |   |   |   |   |   |
| <b>Inspection Subunits</b>                  | 0           |   |   |   |   |   |
| <b>Defects (Number)</b>                     | 2           |   |   |   |   |   |
| <b>Recommended Finding</b>                  | No          |   |   |   |   |   |
| <b>Remedial Action Required<sup>1</sup></b> | No          |   |   |   |   |   |
| <b>Recommended Reinspection</b>             | Yes         |   |   |   |   |   |

**Activity Summaries**



|   |   |                           |   |     |                                       |             |                      |                             |                      |          |     |
|---|---|---------------------------|---|-----|---------------------------------------|-------------|----------------------|-----------------------------|----------------------|----------|-----|
| <b>Inspection Activity #</b>                    | 1   | <b>Inspection Subject</b> | Station Assessment – Eisenhower Avenue(C14) |     |                                       |             | <b>Activity Code</b> | RTRA                        | GEN                  | RR       |     |
| <b>Job Briefing Employee Name/Title</b>         | NA  |                           | <b>Accompanied Inspector?</b>               | NA  | <b>Out Brief Conducted</b>            | NA          | <b>Time</b>          | NA                          | <b>Outside Shift</b> | NA       |     |
| <b>Related Reports</b>                          | N/A   |                           | <b>Related CAPS / Findings</b>              |     | NA                                    |             |                      |                             |                      |          |     |
| <b>Related Rules, SOPs, Standards, or Other</b> | Ref   |                           | Rule or SOP                                 |     | Standard                              |             | Other / Title        |                             | Checklist Reference  |          |     |
|   |   |                           |   |     |                                       |             |                      |                             |                      |          |     |
| <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>                                  | Charlie   |                           | <b>Track Number</b>                         |     | <b>Chain Marker and/or Station(s)</b> |             | From                 |                             | To                   |          |     |
|   |   |                           |   |     |                                       |             |                      |                             |                      |          |     |
| <b>Vehicles</b>                                 | <b>Head Car Number</b>  |                           | <b>Number of Cars</b>                       |     | <b>Equipment</b>                      |             |                      |                             |                      |          |     |
|   |   |                           |   |     |                                       |             |                      |                             |                      |          |     |
| <b>Description</b>                              | The WMSC Inspector conducted an inspection of the Service Restoration Station Condition Rollup Report. In preparation for the return to service of Eisenhower Avenue (C14), QICO and SAFE assessed station readiness. Additionally, Maximo maintenance records were queried by QICO to identify documented and outstanding items. A risk rating was assigned for all discrepancies identified during field assessments. |                           |   |     |                                       |             |                      | <b>Number of Defects</b>    |                      | 2        |     |
|   |   |                           |   |     |                                       |             |                      | <b>Recommended Finding?</b> |                      | No       |     |



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|                        |  |                                  |     |
|------------------------|--|----------------------------------|-----|
|                        | <p>Due to COVID-19 and social distancing, this inspection was completed without entering Eisenhower Avenue (C14) and without interacting with any Metrorail personnel.</p> <p>Discrepancies Identified for further review and follow up:</p> <ol style="list-style-type: none"> <li>Train Approach Warning (TAW) lights did not flash as train transited the station<br/>Risk – Moderate (3,3) – LVEM</li> </ol> | <b>Remedial Action Required?</b> | No  |
|                        |  <p>06/20/2020 10:46:14</p> <ol style="list-style-type: none"> <li>Miscellaneous equipment on platform (Track 1 north end)<br/>Risk – Moderate (3,3) – PLNT</li> </ol>   | <b>Recommended Reinspection?</b> | Yes |
|                        |  <p>06/20/2020 10:53:41</p> <p>The Inspector recommends reinspection of Eisenhower Avenue (C14) to reassess the discrepancies identified in this report and open work orders.</p>   |                                  |     |
| <b>Remedial Action</b> | 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><br>07/29/20 |
| <b>Inspector in Charge – Name</b><br>Bruce Walker | <b>Inspection Team</b><br>Bruce Walker |                         |