



Inspection Form

Form WMSC-IR-1

Washington Metrorail Safety Commission

Agency/Department Information

Inspection Date	YYYY	MM	DD	Report Number	20203020-WMATA-KEK-25		
	2020	09	30				
Rail Agency Name	Washington Metropolitan Area Transit Authority			Rail Agency Department	Signals & ATC	Sub- Department	ATCIN
Rail Agency Department Contact Information	Name		Email	Office Phone		Mobile Phone	
	[REDACTED]		[REDACTED]	[REDACTED]		[REDACTED]	
	[REDACTED]		[REDACTED]	[REDACTED]		[REDACTED]	
	[REDACTED]		[REDACTED]	[REDACTED]		[REDACTED]	
	[REDACTED]		[REDACTED]	[REDACTED]		[REDACTED]	
	[REDACTED]		[REDACTED]	[REDACTED]		[REDACTED]	
	[REDACTED]		[REDACTED]	[REDACTED]		[REDACTED]	
	[REDACTED]		[REDACTED]	[REDACTED]		[REDACTED]	
	[REDACTED]		[REDACTED]	[REDACTED]		[REDACTED]	
	[REDACTED]		[REDACTED]	[REDACTED]		[REDACTED]	
Inspection Location	Washington Metro Area Transit Area - System [OJT Program] - G04 – Morgan Boulevard (TCR)						

Inspection Summary

Inspection Activity #	1	2	3	4	5	6
Activity Code	STC-RR-TNG					
Inspection Units	1					
Inspection Subunits	4					
Defects (Number)	0					
Recommended Finding	NO					
Remedial Action Required¹	NO					
Recommended Reinspection	NO					

Activity Summaries

Inspection Activity #	1	Inspection Subject	ATCM LEVEL #1 Supervisor Compliance Checks			Activity Code		STC	RR	TNG
Job Briefing Employee Name/Title	None Required		Accompanied Inspector?	N/A	Out Brief Conducted	N/A	Time	1:00p	Outside Shift	N/A
Related Reports	Tri State Oversight – Final Report		Related CAPS / Findings		TOC-ATC-15-06 – (FTA Safety Directive 16-2)					
Related Rules, SOPs, Standards, or Other	Ref	Rule or SOP		Standard		Other / Title		Checklist Reference		
	ACTM OSS, Compl, OJT	ACTM QC Policy				MAXIMO		Form-Revised Nov, 2018		
	TOC-ATC-15-06							New Electronic Forms		

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	SEPTEMBER 30, 2020
Inspector in Charge – Name	Inspection Team
KEMMERY E. KENDRICK	WASHINGTON METRO RAIL SAFETY COMMISSION



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Inspection Location	Main Track	Yard	Station	OCC	RTA Facility	WMSC Office	Track Type	At-grade	Tunnel	Elevated	Interlock	
Line(s)	N/A	Track Number		N/A	Chain Marker and/or Station(s)		From				To	
							CM: 550 + 40				CM: 556 + 40	
Vehicles	Head Car Number		Number of Cars		Equipment		Ground Fault Detector					
	N/A		N/A									
Description	Records Review Inspection – TOC-ATC-15-06 – (FTA Safety Directive 16-2) - Action Item: Quality Control Spot Checks of Supervisors' Work PURPOSE: 1. Level I - Quality control check for compliance (Field Audits). Inspection based off the TOC-ATC-15-006 – ACTMCP-Revision 1.0 – 02/28/2017, Field Audit. Actionable Item Recommendation accepted by ATCM to have Region Managers and Shift Supervisors spend 50 percent and 75 percent, respectively, of their duty day in the field conducting the following activities: <ul style="list-style-type: none"> • Facility inspections • Safety observations • <u>Level 1 and Level 2 ATCM Compliance Checks, as applicable</u> • Observations of PMIs being performed, and re-instructing employees as needed • Observations of corrective maintenance being performed • Observations of pre-job safety briefings, and • Observing the quality of work in the field • Conducting ATCM compliance audits • Evaluating, retaining (if necessary) and enhancing the professional development of assigned employees Activity #1 – 07:00(pm) – MAXIMO CC: Work Order #15471945– 01/06/2020 <ul style="list-style-type: none"> • AC Ground Fault Test and inspection • Employee performed all required test and inspections successfully. • Location: G04 – Morgan Boulevard (TCR) 						Number of Defects		1			
							Recommended Finding?		NO			
							Remedial Action Required?		YES			
							Recommended Reinspection?		NO			
Remedial Action	AC ground detected during inspection – Vital Relay affected was promptly removed from service. Replacement relay tested and installed. Track circuit monitored - by watching train movement through Interlocking. Territory returned to full service; working as intended.											



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Date and Time: _____

ATCM Compliance Checklist USER GUIDE:

- 1) **Schedule** your compliance check time and location (minimizing overtime)
- 2) **Prepare** by ensuring you have proper PPE, Compliance Checklist, and RWPM on person
- 3) **Perform** the compliance check through observation, and questioning and causing minimum inference
- 4) **Record** activities as you observe them; make sure to use the NA (not applicable) column noting when you are unable to observe the activity or if it does not apply to the work you are evaluating, then...
- 5) **Correct** any violations or missed steps which are not caught/corrected by the RWIC clearly noting corrections made in the field
- 6) **Teach** employees methods for improving their safety by commending good practices and advising or correcting activities which can be done more safety; compliance checks should be used as teaching moments
- 7) **Submit** your checklists per departmental directions

Compliance checks are conducted to ensure roadway worker practices are being performed properly and in accordance with the RWPM. Compliance checks are not a "gotcha" moment for employees, but an act to support and assist employees in keeping their own safety and the safety of their peers as the #1 priority. Most of all, compliance checks help ensure that our WMATA friends return home healthy after each and every shift by allowing us to trend activities that are either not conducted in accordance with the RWPM or missed altogether. This will aid in identifying areas for RWP improvements that may be emphasized during toolbox talks, in memos, or in RWP refresher training.

Automatic Train Control Branch Maintenance Control Policy (ATCMCP), Revision 1.0, Page 377
Revised 02/28/2017 ATCMCP-Revision 1.0
ATCMCP-1.0-022817.docx

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ATCM COMPLIANCE CHECKLIST			
WORK ORDER:		OBSERVED ACTIVITY:	
STATION:		SUPERVISOR/MANAGER:	
SHIFT:		DATE:	
WORK PERFORMED:	ROADWAY / ROOM /BOTH	TIME:	
SITE VISIT OBJECTIVE:			

ATCM COMPLIANCE CHECKLIST			
Evaluation	Yes	No	N/A
ROADWAY SAFETY BRIEFING PERFORMED AND FILLED OUT:			
ALL PERSONNEL RWP BADGES IN COMPLIANCE:			
ALL PERSONNEL WEARING PROPER PPE FOR TASK:			
CORRECT WORKZONE SET-UP			
PROPER USE OF HAND SIGNALS OBSERVED:			
PROPER USE OF HOT-STICK (IF APPLICABLE):			
PROPER USE OF WATCHMAN/LOOK-OUTS:			
FOR EACH "NO" ANSWER ABOVE, PROVIDE AN EXPLANATION WITH RESOLUTION:			
IN PROGRESS PREVENTIVE AND CORRECTIVE MAINTENANCE			
Evaluation	Yes	No	N/A
ALL EQUIPMENT AND RADIOS IN CALIBRATION			
ALL EQUIPMENT IN GOOD OPERATING CONDITION			
ALL TECHNICIAN HAVE PROPER TOOLS AND EQUIPMENT FOR TASK			
CORRECT PROCEDURE AND DATA SHEET/CHECKLIST USED			
DATA IS WITHIN PM PROCEDURE SET TOLERANCE			
PM CONDUCTED PROPERLY AND IN A THOROUGH MANNER			
PROPER ACTION TAKEN TO IDENTIFY AND CORRECT FAILURE			
PROPER LOG BOOK ENTRIES MADE			
FOR EACH "NO" ANSWER ABOVE, PROVIDE AN EXPLANATION WITH RESOLUTION:			



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ATCM COMPLIANCE CHECKLIST			
Evaluation	Yes	No	N/A
CM WORK ORDERS DESCRIPTION AND LOCATION ACCURATE			
CM WORK ORDER ACCURATELY DEFINE FAILURE AND REMEDY			
CM FAILURE REPORTING MATCH FAILURE DETAILS			
CM ROOT CAUSE VERIFIED (FAILED COMPONENTS, EQUIPMENT OUT OF ADJUSTMENT, ETC)			
IF CM ACTION IS REQUIRED DURING COMPLETION OF PREVENTIVE MAINTENANCE WAS A CM WORK ORDER CREATED AND PROPERLY LINKED TO THE PM WORK ORDER			
CM WORK ORDER PREMATURELY CLOSED WITH FUTURE ACTIONS STILL PENDING			
TECHNICIANS TIME PROPERLY DOCUMENTED			
APPLICABLE DATA SHEET(S) UPLOADED IN MAXIMO			
APPLICABLE PICTURES/DOCS/ VIDEOS UPLOADED IN MAXIMO			
PM PROPERLY CLOSED IN MAXIMO BY 15 TH OF FOLLOWING MONTH			
PM DATA SHEET/JOB PLAN CHECKLIST SIGNED BY TECH AND SUPERVISOR			
PM DATA SHEET/JOB PLAN CHECKLIST INCLUDE SERIAL NUMBERS AND CALIBRATION DATES			
DATA SHEET(S) COMPLETE AND LOCATED WITHIN THE TCR AND FIELD OFFICE			
FOR EACH "NO" ANSWER ABOVE, PROVIDE AN EXPLANATION WITH RESOLUTION:			
SITE VISIT SUMMARY:			

Other Notes:

Evaluator: _____
Date and Time: _____

RWIC: _____
Date and Time: _____

Reviewed By: _____