



## Inspection Form

**Form WMSC-IR-1**

Washington Metrorail Safety Commission

**Agency/Department Information**

<b>Inspection Date</b>	YYYY	MM	DD	<b>Report Number</b>	20201003-WMATA-KEK-30		
	2020	10	03				
<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>	
	[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]	
<b>Inspection Location</b>	K99 FO – West Falls Church Yard						

**Inspection Summary**

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

**Activity Summaries**

Inspection Activity #	1	Inspection Subject	ATCM LEVEL #1 Supervisor Compliance Checks			Activity Code		STC	RR	OBS
<b>Job Briefing Employee Name/Title</b>		None Required	<b>Accompanied Inspector?</b>	N/A	<b>Out Brief Conducted</b>	N/A	<b>Time</b>	4:23p	<b>Outside Shift</b>	N/A
<b>Related Reports</b>		Tri State Oversight – Final Report	<b>Related CAPS / Findings</b>	TOC-ATC-15-06 – (FTA Safety Directive 16-2)						
<b>Related Rules, SOPs, Standards, or Other</b>	<b>Ref</b>	<b>Rule or SOP</b>		<b>Standard</b>		<b>Other / Title</b>		<b>Checklist Reference</b>		
		ACTM OSS, Compl, OJT	ACTM QC Policy			MAXIMO		Form-Revised Nov, 2018		
		TOC-ATC-15-06						New Electronic Forms		

<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 E. KENDRICK	OCTOBER 03, 2020
<b>Inspector in Charge – Name</b>	<b>Inspection Team</b>
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
		X									
Line(s)	N/A	Track Number	N/A	Chain Marker and/or Station(s)			From		To		
							CM: 525 +52		CM: 511 + 11		
Vehicles	Head Car Number		Number of Cars		Equipment		N/A				
	N/A		N/A								
Description	<p><b>Records Review Inspection – TOC-ATC-15-06 – (FTA Safety Directive 16-2) - Action Item: Quality Control Spot Checks of Supervisors' Work</b></p> <p><b>PURPOSE:</b></p> <p>1. <b>Level I</b> - 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:</p> <ul style="list-style-type: none"> <li>• Facility inspections</li> <li>• Safety observations</li> <li>• <u>Level 1 &amp; Level 2 ATCM Compliance Checks, as applicable</u></li> <li>• Observations of PMIs being performed, and re-instructing employees as needed</li> <li>• Observations of corrective maintenance being performed</li> <li>• Observations of pre-job safety briefings, and</li> <li>• Observing the quality of work in the field</li> <li>• Conducting ATCM compliance audits</li> <li>• Evaluating, retaining (if necessary) and enhancing the professional development of assigned employees</li> </ul> <p><b>Activity #1 – 11:30(pm) – MAXIMO – Work Order #15511204 – 02/13/2020</b></p> <ul style="list-style-type: none"> <li>• <b>This is a Level 2 Audit of a Supervisor by Division (2) Superintendent</b></li> <li>• ATCM COMPLIANCE SUPERVISOR LEVEL 2 AUDIT</li> <li>• Observation of <u>shift supervisor handling MAXIMO WOs</u> #15610958, 15588197, 15601159, and 15559045.</li> <li>• No time stamp for performance review on (section 1) report</li> <li>• Signature Date &amp; Time Stamp area shows time as: <b>06:03:16(pm)</b></li> <li>• Supervisor, was evaluated checking for his handling of all Work Orders assigned to his evening shift. Evaluation consisted of checking compliance for:               <ol style="list-style-type: none"> <li>1. <b>Level 1 Checklist completion.</b></li> <li>2. <b>Level 1 Checklist filed properly.</b></li> <li>3. <b>Level 1 Work order documentation completed properly.</b></li> <li>4. <b>Level 1 Documentation submitted timely; data is within compliance/tolerance.</b></li> <li>5. <b>Level 1 Corrective action documented and confirmed completed and closed.</b></li> </ol> </li> </ul> <p><b>All performance checks were indicated as satisfactory and or Yes.</b></p>							<b>Number of Defects</b>		0	
								<b>Recommended Finding?</b>		NO	
								<b>Remedial Action Required?</b>		NO	
								<b>Recommended Reinspection?</b>		NO	
Remedial Action	No recommendations submitted by Assistant Superintendent for further actions.										