



Inspection Form

Form WMSC-IR-1

Washington Metrorail Safety Commission

Agency/Department Information

Inspection Date	YYYY	MM	DD	Report Number	20201005-WMATA-KEK-34		
	2020	10	05				
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	No location information provided on form. Division # [REDACTED] listed only.						

Inspection Summary

Inspection Activity #	1	2	3	4	5	6
Activity Code	STC-RR-OBS					
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	QAI	
Job Briefing Employee Name/Title		None Required	Accompanied Inspector?	N/A	Out Brief Conducted	N/A	Time	2:00p	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	OCTOBER 05, 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
	X										X
Line(s)	N/A	Track Number	N/A	Chain Marker and/or Station(s)			From			To	
Vehicles	Head Car Number	N/A	Number of Cars	N/A	Equipment	N/A					
Description	<p>Records Review Inspection – TOC-ATC-15-06 – (FTA Safety Directive 16-2) - Action Item: Quality Control Spot Checks of Supervisors' Work</p> <p>PURPOSE:</p> <p>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:</p> <ul style="list-style-type: none"> • Facility inspections • Safety observations • <u>Level 1 & 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 <p>Activity #1 – 00:00(-) – Work Order #15511272 – 03/02/2020</p> <ul style="list-style-type: none"> • This is a Level 2 Audit of a Supervisor by Division (Assistant Superintendent) • ATCM COMPLIANCE SUPERVISOR LEVEL 2 AUDIT • Observation of <u>shift supervisor handling MAXIMO WOs</u>; # - No WOs listed in report specifically. • No time stamp for performance review on (section 1) report • Signature Date & Time Stamp area shows time as: 09:17:07(am) • Supervisor was evaluated for handling of all Work Orders assigned. Evaluation consisted of checking compliance for: <ol style="list-style-type: none"> 1. Level 1 Checklist completed. (YES) 2. Level 1 Checklist filed properly. (YES) 3. Level 1 Work order documentation completed properly. (YES) • Actually there are no work order numbers listed for individual tasks 4. Level 1 Documentation submitted timely; data is within compliance/tolerance. (YES) 5. Level 1 Corrective action documented and confirmed completed and closed. (N/A) indicated. 							Number of Defects	0		
								Recommended Finding?	NO		
								Remedial Action Required?	NO		
								Recommended Reinspection?	NO		
Remedial Action	1. No specific Work Order numbers of work performed at location.										