



Inspection Form

Form WMSC-IR-1

Washington Metrorail Safety Commission

Agency/Department Information

Inspection Date	YYYY	MM	DD	Report Number	20201005-WMATA-KEK-31		
	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 of work being performed listed on (ATCM Compliance Supervisor Level 2 Audit) form. Division # [REDACTED] only listed.						

Inspection Summary

Inspection Activity #	1	2	3	4	5	6
Activity Code	STC-RR-OBS					
Inspection Units	1					
Inspection Subunits	5					
Defects (Number)	4					
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	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	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
Line(s)	N/A	Track Number		N/A	Chain Marker and/or Station(s)		From		To		
							Unknown Location		Unknown Location		
Vehicles	Head Car Number		Number of Cars		Equipment	N/A					
	N/A		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> <ol style="list-style-type: none"> Level 1 - 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 & 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 – 00:32:12(am) – Work Order #15663413 – 05/12/2020</p> <ul style="list-style-type: none"> This is a Level 1 Audit of a Supervisor by Division ██████████ Superintendent; ██████████ ATCM COMPLIANCE SUPERVISOR LEVEL 1 AUDIT Observation of <u>shift supervisor handling MAXIMO WO's</u> # - No WO's listed in report specifically. No time stamp for performance review on (section 1) report Signature Date & Time Stamp area shows time as: 00:32:12(am) ██████████ 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"> Level 1 Checklist completed. (YES) Level 1 Checklist filed properly. (YES) Level 1 Work order documentation completed properly. (YES) Actually there are no work order numbers listed. Level 1 Documentation submitted timely; data is within compliance/tolerance. (YES) Level 1 Corrective action documented and confirmed completed and closed. (YES) 							Number of Defects		4	
								Recommended Finding?		NO	
								Remedial Action Required?		YES	
								Recommended Reinspection?		YES	
Remedial Action	<ol style="list-style-type: none"> Location specification isn't listed with respect to work being performed for this inspection. No specific WO numbers of work performed submitted per date of <u>May 5, 2020</u>. The Procedures and Records Audited section states "Maximo and the physical binder for both shifts are up to date and in order. Both supervisors and still completing their level 1 checks within their region." Division Superintendent signed the form <u>June 3, 2020</u>. Division Superintendent should make his/her staff aware that specifics are needed for each report. Notifying ATCM management of improper practices. 										