



## Inspection Form

**Form WMSC-IR-1**

Washington Metrorail Safety Commission

**Agency/Department Information**

<b>Inspection Date</b>	YYYY	MM	DD	<b>Report Number</b>	20210210-WMATA-KEK-01		
	2021	02	10				
<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>
	ATCM		ATCM		ATCM		ATCM
<b>Inspection Location</b>	Division #5 – Midnight Shift – N95						

**Inspection Summary**

Inspection Activity #	1	2	3	4	5	6
<b>Activity Code</b>	STC-RR-QAI					
<b>Inspection Units</b>	ATC WO					
<b>Inspection Subunits</b>	1					
<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**

<b>Inspection Activity #</b>	1	<b>Inspection Subject</b>	Records Review – Q&A				<b>Activity Code</b>		STC	RR	QAI
<b>Job Briefing Employee Name/Title</b>	No job briefing form submitted with Checklist		<b>Accompanied Inspector?</b>	N/A	<b>Out Brief Conducted</b>	NO	<b>Time</b>	10:19a	<b>Outside Shift</b>	NO	
<b>Related Reports</b>	WO – 16065003		<b>Related CAPS / Findings</b>		TOC-ATC-15-006						
<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>		
	WMATA ASP				PTASP 2020		ATCM Sec; 1.8.3.4.5		Level 2 Audit Form		
	ATCM Control Policy 1.0										
<b>Inspection Location</b>	<b>Main Track</b>	<b>Yard</b>	<b>Station</b>	<b>OCC</b>	<b>RTA Facility</b>	<b>WMSC Office</b>	<b>Track Type</b>	<b>At-grade</b>	<b>Tunnel</b>	<b>Elevated</b>	<b>Interlock</b>
	X				X				X	X	X
<b>Line(s)</b>	<b>Silver Line</b>	<b>Track Number</b>	<b>Main</b>	<b>Chain Marker and/or Station(s)</b>		<b>From</b>		<b>To</b>			
						CM: 1105 + 04		CM: 628 + 45			
	N95					Silver Line N06 – N01					
<b>Description</b>	MAXIMO Work Order #16065003 – for Level #2 – Supervisor Compliance Checks.						<b>Number of Defects</b>		0		
	<b>PURPOSE:</b>						<b>Recommended Finding?</b>		NO		
	WMATA's ATC Branch management must develop a procedure and conduct quality control spot checks of Supervisors' work to ensure they are fully						<b>Redial Action Required?</b>		NO		
							<b>Recommended Reinspection?</b>		NO		

<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>	02/10/2021
<b>KEMMERY ELAENE KENDRICK</b>	
<b>Inspector in Charge – Name</b>	<b>Inspection Team</b>
<b>KEMMERY E. KENDRICK</b>	<b>WASHINGTON METRO SAFETY COMMISSION (WMSC) - SIGNALS &amp; AUTOMATIC TRAIN CONTROL SUBJECT MATTER EXPERT</b>



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	completing their duties (such as reviewing Data Sheets and adding defects to new work orders). Level 2 Compliance checks and Maximo Work Orders. W/O: #'s (1) 16047473, (2) 16059364, (3) 16021262, & (4) 16036339. <b>GOVERNING COMPLIANCE STANDARD:</b> PTASP – 12/31/2020, TOC-ATC-15-006 – Procedure & Quality Control Spot Checks of Supervisors  <b>NOTABLE ITEMS:</b> <ul style="list-style-type: none"> <li>Digital Form completed and appropriately signed by Supervisor and Division #5 Assistant Superintendent.</li> <li>Appropriate Work Order's associated with observed work.</li> </ul>		
<b>Remedial Action</b>			



**Washington Metropolitan Area Transit Authority  
Automatic Train Control Maintenance (ATCM)**

ATCM COMPLIANCE SUPERVISOR LEVEL 2 AUDIT			
WORK ORDER:	16065003	AUDITED ACTIVITY:	Compliance Level 1 check
DIVISION:	5	DIVISION SUPERVISOR:	[REDACTED]
SHIFT:	Mids	DIVISION ASSISTANT SUPERINTENDENT:	[REDACTED]
DATE AND TIME:	02/08/2021 1400	SUPERVISOR AUDITING THE WORK:	[REDACTED]
SITE VISIT OBJECTIVE: Supervisor Compliance level 1 check			
ATCM COMPLIANCE SUPERVISOR LEVEL 2 AUDIT			
Evaluation	Yes	No	N/A
Level 1 Checklist completed.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level 1 Checklist filed properly.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Level 1 Work order documentation completed properly.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level 1 Documentation submitted timely, data is within compliance/tolerance.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level 1 Corrective action documented and confirmed completed and closed.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level 1 (other, specify)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Level 1 (other, specify)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
PROCEDURES AND RECORDS AUDITED: 16047473, 16059364 16021262, 16036339			
Recommendation(s) and finding(s) forwarded to ATCM Assistant Superintendent and Superintendent: [REDACTED]			

Level 2 ATCM Compliance Supervisor: [REDACTED]

Date and Time: 02/08/21

ATCM Division Assistant Superintendent: [REDACTED]

Date and Time: 2/09/21

Filed in the ATCM office with copy to Superintendent, AGS, and GS.