

# **Inspection Form**

Form WMSC-IR-1

Washington Metrorail Safety Commission

## Agency/Department Information

| Inspection Date        | YYYY/MM/DD   | Report Number          | 20210810-WMSC-MAL-1 |  |  |  |  |
|------------------------|--|------------------------|---------------------|--|--|--|--|
| Inspection Date        | 2021/08/10   | Report Number          |                     |  |  |  |  |
| Rail Agency Name       | Washington Metropolitan Area Transit Authority                     | Rail Agency Department | Name                |  |  |  |  |
| Rail Agency Department | ELES   | Contact Information    |                     |  |  |  |  |
| Inspection Location    | Farragut North – A02 1001 Connecticut Ave NW, Washington, DC 20036 |                        |                     |  |  |  |  |

### **Inspection Summary**

| Inspection Activity #                 | 1        |
|---------------------------------------|----------|
| Activity Code                         | VT-WI-PI |
| Inspection Units                      | 1        |
| Inspection Subunits                   | 1        |
| Defects (Number)                      | 4        |
| Recommended Finding                   | Yes      |
| Remedial Action Required <sup>1</sup> | No       |
| Recommended Reinspection              | No       |

## **Activity Summaries**

| Inspection Activity #                          | 1   | Insp   | ection Subj        | ect                  | Remote Inspection |                 |                | Activity Code          |            |                           | VT-WI-PI |                     |   |                  |    |
|--|---|--|--------------------|----------------------|-------------------|-----------------|----------------|------------------------|------------|---------------------------|----------|---------------------|---|------------------|----|
| Job Briefing<br>Employee<br>Name/Title         | WMATA Insp  | pection  | on <b>Accompan</b> |                      |                   | nied Inspector? |                | Out Brief<br>Conducted | No         | Time                      |          | 10:00 AM            |   | Outside<br>Shift | No |
| Related Reports                                | N/A   |  |                    | Related CA           | NPS / Findin      | gs              |                | N/A                    | •          | •                         |          |                     | • |                  | -  |
|  | Ref Ru  |  |                    | Rule or SOP Standard |                   |                 | Standard       | Other / Title          |            |                           |          | Checklist Reference |   |                  |    |
| Related Rules,<br>SOPs, Standards,<br>or Other | and Procedu<br>Handbook (N  | Metrorail Safety Rules and Procedures Handbook (MSRPH). Section 4-Safety Rules |                    |                      |                   | N/A             |                |                        |            | N/A                       |          |                     |   |                  |    |
| Inspection Location                            | Main<br>Track   | Yard   | Station            | occ                  | RTA F             | acility         | WMSC<br>Office | Track Type             | At-grade T |                           | Tunne    | Tunnel E            |   | ated N/A         |    |
|  |   |  | Х                  |                      |                   |                 |                |                        |            |                           |          |                     |   | Х                |    |
| Line(s) & Track<br>Number                      | Ü   | rth – A02 1001 Connecticut Shington, DC 20036 Chain Marker and/or Station(s)   |                    |                      |                   | From            |                |                        |            | То                        |          |                     |   |                  |    |
|  | Head Car  |  |                    | umber of C           | Cars              |                 |                |                        |            |                           |          |                     |   |                  |    |
| Vehicles                                       | N/  | A  |                    | N/A                  |                   | Equipme         | ent            | N/A                    |            |                           |          |                     |   |                  |    |
|  | General Infor   |  |                    |                      |                   |                 |                |                        | Number o   | f Defects                 |          |                     |   | 4                |    |
|  | WMATA's Elevator/Escalator Department (ELES). The following documents were reviewed: ELES Escalators Monthly and Annual Inspection Check Sheets o Escalators monthly and Annual   |  |                    |                      |                   |                 |                |                        |            | Recommended Finding?      |          |                     |   | Yes              |    |
|  | Inspections Check Sheets at the Farragut North Station were reviewed, and the following   |  |                    |                      |                   |                 |                |                        |            | Remedial Action Required? |          |                     |   | No               |    |
|  | information is provided. o The pass/fail criteria for the escalator comb plate impact devices requirements are as follows. (a) Vertical settings range should be 140 - 150 lbs. (b) Horizontal settings range should be 300 - 400 lbs. and (c) Center horizontal settings range should be 600 - 800 lbs. o Load measurements taken from comb plate impact devices during field inspections of escalator numbers A02E01-06, A02S01-05, and A02W01-5 revealed that some measurements fell outside of impact devices allowable load requirements. See Attachment #1. o Finding #1 – ELES is requested to adjust load settings of comb plate impact devices to comply with the allowable pass/fail criteria on check sheets, as required. o Escalators and elevators check sheets do not state weather an elevator or escalator should remain in service after an inspection revealed some major and minor findings. See Attachment #2. The check sheets only states that the elevator or escalator needs to be re-inspected within 30 days.  o Finding #2 – ELES is requested to add a statement to check sheets to state weather the elevator can remain in service until the findings are corrected or the unit needs to be taken out of service until the findings are corrected. |  |                    |                      |                   |                 |                |                        |            | No                        | )        |                     |   |                  |    |
| Remedial Action                                |   |  |                    |                      |                   |                 |                |                        |            |                           |          |                     |   |                  |    |
| nemedial Action                                |   |  |                    |                      |                   |                 |                |                        |            |                           |          |                     |   |                  |    |

<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.

| Action. Closeout of Kemediai Actions may also | be subject to originity wivisc verification inspections to ensure corrections are sufficient and effective. |                    |
|---|---|--------------------|
| Inspector in Charge's Signature               |   | Date<br>2021/08/10 |
| Inspector in Charge's Name<br>Manuel Lopez    | Inspection Team N/A   |                    |

Form WMSC-IR-1 Version date: 1/14/2022



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