

**Inspection Form** 

# Washington Metrorail Safety Commission

# Form WMSC-IR-1

### Agency/Department Information

| In an artistic Data                   |      | YYYY/MM/DD                                  | Report Number          |      |
|---------------------------------------|------|---|------------------------|------|
| Inspection Date                       |      | 2022/04/18                                  | Report Number          |      |
| Rail Agency Name                      | Wash | nington Metropolitan Area Transit Authority | Rail Agency Department | Name |
| Rail Agency Department                | WM   | АТА   | Contact Information    |      |
| Inspection Location                   | ORX  | Rail Facility                               |                        |      |
| Inspection Summary                    |      |   |                        |      |
| Inspection Activity #                 |      |   |                        |      |
| Activity Code                         |      |   |                        |      |
| Inspection Units                      |      |   |                        |      |
| Inspection Subunits                   |      |   |                        |      |
| Defects (Number)                      |      |   |                        |      |
| Recommended Finding                   |      |   |                        |      |
| Remedial Action Required <sup>1</sup> |      |   |                        |      |
| Recommended Reinspection              |      |   |                        |      |
| Activity Cummerics                    |      |   |                        |      |

#### Activity Summaries

| Inspection Activity<br>#               | Inspection Subj   |        |                         | ject                           | ct ultrasonic testing |         |                        |                           | Activity (                |           |    |           |                     |     |   |
|--|-------------------|--------|-------------------------|--------------------------------|-----------------------|---------|------------------------|---------------------------|---------------------------|-----------|----|-----------|---------------------|-----|---|
| Job Briefing<br>Employee<br>Name/Title |                   |        | Accompanied Inspector?  |                                |                       |         | Out Brief<br>Conducted |                           | Time                      |           |    | 11:00 AM  |                     | No  |   |
| Related Reports                        |                   |        | Related CAPS / Findings |                                |                       |         |                        | •                         |                           | •         |    |           |                     |     |   |
| Related Rules,                         | Ref Rul           |        |                         | e or SOP                       |                       |         | Standard               |                           | Other / Title             |           |    |           | Checklist Reference |     |   |
| SOPs, Standards,<br>or Other           |                   |        |                         |                                |                       |         |                        |                           |                           |           |    |           |                     |     |   |
| Inspection Location                    | Main<br>Track     | Yard   | Station                 | OCC                            | RTA F                 | acility | WMSC<br>Office         | Track Type                | At-grade Tunne            |           | el | l Elevate |                     | N/A |   |
| Line(s) & Track<br>Number              | ORX rail facility |        |                         | Chain Marker and/or Station(s) |                       |         | From                   |                           |                           |           |    | То        |                     |     |   |
| Vehicles                               | Head Car          | Number | umber of Cars           |                                |                       |         |                        |                           |                           |           |    |           |                     |     |   |
|  |                   |        |                         | Equipment                      |                       |         |                        |                           |                           |           |    |           |                     |     | ľ |
|  |                   |        |                         |                                |                       |         |                        | •                         | Number o                  | f Defects |    |           |                     |     |   |
| Description                            |                   |        |                         |                                |                       |         |                        |                           | Recommended Finding?      |           |    |           |                     |     |   |
| Description                            |                   |        |                         |                                |                       |         |                        |                           | Remedial Action Required? |           |    |           |                     |     |   |
|  |                   |        |                         |                                |                       |         |                        | Recommended Reinspection? |                           |           |    |           |                     |     |   |
| Remedial Action                        |                   |        |                         |                                |                       |         |                        |                           |                           |           |    |           |                     |     |   |



**Inspection Form** 

Form WMSC-IR-1

Washington Metrorail Safety Commission

### Photos:

20220419\_175208137\_iOS1.jpg



20220419\_175805274\_iOS.jpg



<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.

 Inspector in Charge's Signature
 Date

|  |                 | 2022/04/18 |
|--|-----------------|------------|
| Inspector in Charge's Name<br>John DeRenzo | Inspection Team |            |