



## Inspection Form

Form WMSC-IR-1

Washington Metrorail Safety Commission

**Agency/Department Information**

|                               |                                                              |                               |                     |
|-------------------------------|--------------------------------------------------------------|-------------------------------|---------------------|
| <b>Inspection Date</b>        | YYYY/MM/DD<br>2022/04/20                                     | <b>Report Number</b>          | 20220420-WMSC-RRD-1 |
| <b>Rail Agency Name</b>       | Washington Metropolitan Area Transit Authority               | <b>Rail Agency Department</b> | Name                |
| <b>Rail Agency Department</b> | SAFE                                                         | <b>Contact Information</b>    |                     |
| <b>Inspection Location</b>    | West Hyattsville Station E07 2700 Hamilton St Hyattsville MD |                               |                     |

**Inspection Summary**

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

**Activity Summaries**

|                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |                        |     |                                                                      |             |                      |                                  |                      |          |     |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------|-----|----------------------------------------------------------------------|-------------|----------------------|----------------------------------|----------------------|----------|-----|
| <b>Inspection Activity #</b>                    | 1                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Inspection Subject</b>     | W. Hyattsville Station |     |                                                                      |             | <b>Activity Code</b> |                                  |                      |          |     |
| <b>Job Briefing Employee Name/Title</b>         | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Accompanied Inspector?</b> | No                     |     | <b>Out Brief Conducted</b>                                           | No          | <b>Time</b>          |                                  | <b>Outside Shift</b> | No       |     |
| <b>Related Reports</b>                          | <b>Related CAPS / Findings</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                               |                        |     |                                                                      |             |                      |                                  |                      |          |     |
| <b>Related Rules, SOPs, Standards, or Other</b> | Ref                                                                                                                                                                                                                                                                                                                                                                                                                                      | Rule or SOP                   |                        |     | Standard                                                             |             | Other / Title        |                                  | Checklist Reference  |          |     |
|                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |                        |     | NFPA 130 and 101 OSHA EAP's Emergency exits and egress requirements. |             | Citizen concern      |                                  |                      |          |     |
| <b>Inspection Location</b>                      | Main Track                                                                                                                                                                                                                                                                                                                                                                                                                               | Yard                          | Station                | OCC | RTA Facility                                                         | WMSC Office | <b>Track Type</b>    | At-grade                         | Tunnel               | Elevated | N/A |
|                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | X                      |     |                                                                      |             |                      |                                  |                      |          |     |
| <b>Line(s) &amp; Track Number</b>               | West Hyattsville Station E07<br>2700 Hamilton St Hyattsville MD                                                                                                                                                                                                                                                                                                                                                                          |                               |                        |     | <b>Chain Marker and/or Station(s)</b>                                |             | From                 |                                  | To                   |          |     |
|                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |                        |     |                                                                      |             | N/A                  |                                  | N/A                  |          |     |
| <b>Vehicles</b>                                 | <b>Head Car Number</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>Number of Cars</b>  |     | <b>Equipment</b>                                                     |             | N/A                  |                                  |                      |          |     |
|                                                 | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | N/A                    |     |                                                                      |             |                      |                                  |                      |          |     |
| <b>Description</b>                              | Follow up on mitigation from a citizen concern. Emergency exit gates at the end of the platform were chained and locked due to an uncompleted project which still resides with the contractor and hasn't been tested and accepted by WMATA. Exit signs are deceiving which would lead customers to those exits in an emergency. This was elevated to the Acting FM for a temporary mitigation by the contractor until accepted by WMATA. |                               |                        |     |                                                                      |             |                      | <b>Number of Defects</b>         |                      | 1        |     |
|                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |                        |     |                                                                      |             |                      | <b>Recommended Finding?</b>      |                      | No       |     |
|                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |                        |     |                                                                      |             |                      | <b>Remedial Action Required?</b> |                      | Yes      |     |
|                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |                        |     |                                                                      |             |                      | <b>Recommended Reinspection?</b> |                      | Yes      |     |
| <b>Remedial Action</b>                          | Complete mitigation until re-testing and acceptance in completed.                                                                                                                                                                                                                                                                                                                                                                        |                               |                        |     |                                                                      |             |                      |                                  |                      |          |     |



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Photos:  
20220420\_103944.jpg



20220420\_103918.jpg





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20220420\_104210.jpg



20220420\_104708.jpg





Inspection Form

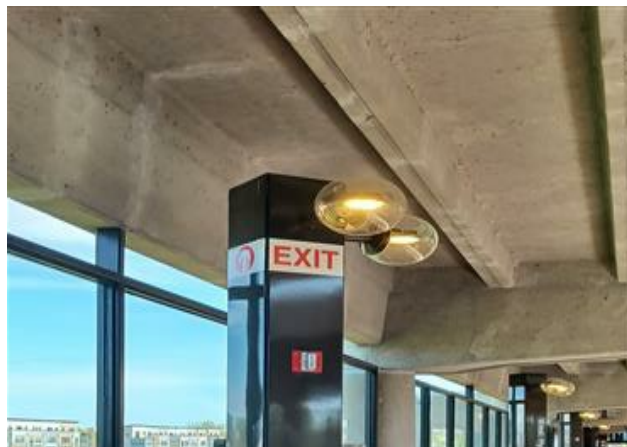
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20220420\_1



20220420\_104933.jpg





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20220420\_104735.jpg



20220420\_104852.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.

|                                                    |                               |                           |
|----------------------------------------------------|-------------------------------|---------------------------|
| <b>Inspector in Charge's Signature</b>             |                               | <b>Date</b><br>2022/04/20 |
| <b>Inspector in Charge's Name</b><br>Richard David | <b>Inspection Team</b><br>N/A |                           |