INTERVIEW TOOL

OMB NO: 2139-0010 EXP. DATE: xx/xx/13

Confirmation Number: C3RS-000000000 (mmddyy, hr, min – time in 24hr format)
Date:
Time of interview: am pm (will be converted to 24 hr format in system)
Interviewer Name:
Interviewee Name:
Interviewee Phone Number:
Received Confirmation Call: Yes No No
Participating Railroad: UP BNSF CP Other (Specify)

INTRODUCTION:

Hello, this is (First, Last); I would like to speak with Mr/Ms (First, Last).

(*When you have the person on the line*) Hi, (*name again*) I am a member of the Confidential Close Call Report Interview Team located in Washington, DC. You had indicated on your report that this would be a good time to contact you for an interview. (*Pause, there may be a response*) The interview may take 30-45 minutes; do you have that much time available now?

(If yes, proceed with the interview)

(*If no, ask for another time to conduct the interview*) When would be the best time to reschedule the interview call? Record Below:

time:		,
date:	, , , , , , , , , , , , , , , , , , ,	
Ph #:		
Ph #:		

Note: May have to remind the person of potential consequence of excessive delay or refusal.

Before we proceed with the interview, I want to provide you with a little background and go over a few ground rules. There is an agreement between the BLET, UTU, UP Railroad, FRA, and the agency I am working for, the Bureau of Transportation Statistics, which provides employees that participate in the C3RS project protection from disciplinary and enforcement actions by UP Railroad and FRA. The purpose of the project is to gather data related to close calls and minor derailments that may not be available following traditional incident investigation procedures. The information you are sharing with me will be kept strictly confidential. Summary data obtained from reports and interviews may be useful in identifying the root causes of incidents and, thereby, improve safety.

Enter Work/Sleep and train consist information obtained from written report or attempt to collect at the beginning of the interview

3-Day Work Shift History	Shift Start Time	Incident Time	Shift End Time
Incident Shift Day			
Day before Incident			
2 Days before Incident			
DI 111			_
Please use milit	ary time (24-Hour clock)	for work and sleep perio	ods.
3-Day Sleep History	ary time (24-Hour clock) Sleep Start Time	for work and sleep periods Sleep End Time	ods. Nap – Yes/No
3-Day Sleep History			

3-Day Work/Sleep History Information (Very Important)

Engine #'s:	Distributed Power Units:				
Loads:	Empties:	Tons:	Length:	ft. No. of Hazardous Material Cars:	

Proceed with interview -

I have reviewed your close call (or minor derailment) report, but before going into the interview I would like to ask you to give me a verbal account of the incident so I can better understand how the incident occurred.

Description of Incident (In the incident description, attempt to get answers to the following questions):

What kind of harm could have occurred?

How and when did you communicate safety concerns related to the incident on which you are reporting?

What was your supervisor's response?

What was your follow up on the incident with your supervisor?

Comment field:

Identify interviewee's job category:

- □ Engineer
- □ Hostler
- □ Conductor
- □ Brakeman
- □ Switch Foreman
- □ Switchman
- □ RCO (operator)
- □ Yardmaster
- □ Hump Foreman
- □ Trim Foreman
- □ Dispatcher
- □ Other _____

Before we begin the interview, would you please share the following information with our research team?

Gender:

- □ Male
- □ Female

Age: _____ (in years)

Height: _	(in feet	and inches)
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Weight: _____ (in lbs.)

Comments field:

How many years of railroad and craft experience do each of the crew members have?

	<u>Railroad</u>	<u>Craft</u>
Engineer		
Hostler		
Conductor		
Brakeman		
Switch Foreman		
Switchman		
RCO (operator)		
Yardmaster		
Hump Foreman		
Trim Foreman		
Dispatcher		
Other – (years)		

Comment field:

1. Do you usually work a job with (Mark the one that best describes your situation.):

- □ Regular start time job
- □ Unassigned (Pool Turn)
- □ Extra Board

Comment field:

1a. Was the incident job:

- □ Regular start time job
- □ Unassigned (Pool Turn)
- □ Extra Board

2. When the incident occurred, were you being paid by the:

- □ Mile
- □ Hour (Basic Day)
- \Box Trip Rate

Comment field:

3. Tell me about your activities after reporting for duty and just prior to the incident:

Comment field:

4. Did the Close Call incident involve the use of brake systems?

□ Yes
 □ If yes, ask the questions in the following drop down box.
 □ No

Comment field:

Drop down box to collect information on Close Calls that involved the use of brakes:

4a. What brake systems were being used and in what order and amount?					
TYPE	<u>ORDE</u>	ER USE	D	AMOUNT USED	
Independent air	1	2	3		

Dynamic brakes	1	2	3	
Automatic air	1	2	3	
Brake questions co	ontinue	ed		
4b. Had these brake	e systen	ns been	used, prio	ior to the incident?
□ Yes □ No				
4c. If the conductor control the train and				erviewed; ask if he considered using the emergency brake to
□ Yes				
🗆 No	In N	lo, why	not:	
Comment field:				
5. Do you feel that	fatigue	or lack	of alertne	less contributed to this incident?
□ Yes □ No		If ye	s, ask the	e questions in the following drop down box.
Drop down box to	collect	on fati	gue and a	alertness information:
5a. Did you have tr	ouble s	leeping	during th	he 3-day period prior to the incident?
□ Yes □ No				
5b. On a scale of 1- rested/very alert", h				od/not rested/not alert" and 4 being "very good/very urself on?
			The qua	ality of your sleep during your last rest period: 1 2 3 4
				How rested you felt when you got up: 1 2 3 4
				How alert you felt just prior to the incident: 1 2 3 4
5c. If you were tire	d, did y	ou atten	npt to lay	y-off when called for the incident shift?

□ Yes

□ No In No, explain why:

Comment field:			
6. How many hours did you have off-duty prior to the incident shift?	hrs.	mins.	

7. How long does it typically take you to commute to and from work from home?	hrs
mins.	

8. If you feel tired at work, what do you typically do to enhance your alertness? (The scribe should fill in based on the subject's response. Some potential responses are listed below.)

- □ Caffeinated beverage
- $\hfill\square$ Stand up/walk around
- \Box Eat (chew) something
- □ Talk
- □ Fresh air
- \Box Drink or splash water
- \Box Other (Describe below)

Comment field:

9. Were there any issues that affected you ability to get quality sleep?

- □ Yes If yes, ask the questions in the following drop down box.
- □ No

Drop down box to collect information on potential issues related to sleeping:

9a. Were there any personal issues that would have affected your sleep?					
□ Yes					
□ No					
Comment field:					
 9b. Have you ever been diagnosed with any type of sleeping disorder? □ Yes If yes, ask follow up questions below: □ No 					
9c. Describe condition:					
9d. Describe treatment:					
9e. Is the treatment effective: Yes No					

9f. Were there any work related factors that affected your sleep?					
□ Yes	If yes, describe:				
🗆 No					
Comment field:					

10. Were there any issues that affected your ability to concentrate?

 \Box Yes If yes, ask the questions in the following drop down box.

□ No

Comment field:

Drop down box for issues related to ability to concentrate:

10a. Were the issues work related?			
□ Yes	If yes, describe:		
□ No			
Comment field			
Comment melu			
10b. Were the issues personal in nature?			
□ Yes	No description required		
🗆 No			

11. Was all the required paperwork up-to-date and correct?

□ Yes	If yes, skip to question 12
□ No	If no, ask the questions in the following drop down box

Comment field:

Drop down box for paperwork issues:

11a. What were the problems with the paperwork:
□ Out-of-date
□ Inaccessible
□ Incomplete
□ Other (explain)
Comment field:

11b. Did the paperwork problem have an effect on this incident?

□ Yes

□ No

Comment field:

12. Was a job/safety briefing conducted at the beginning of your shift and/or prior to the incident task?

- \Box Yes If yes, ask the questions in the following drop down box.
- \Box No If no, ask the subject to explain in detail why there was no briefing.

Comment field:

Drop down box for job briefing questions:

12a. Who conducted the job briefing?
Job title:
Ask the subject to describe the job/safety briefing using the questions below:
12b. All members of the crew attended:
□ Yes □ No
12c. Discussion of what was to be done and how to do it?
□ Yes □ No
12d. Were all questions about the work task answered and understood?
□ Yes □ No
12e. Did you discuss what might go wrong?
□ Yes

□ No
12f. If so, was that discussion followed up with a discussion on what to do then?
□ Yes □ No
Comment field:

13. Did you have any misperceptions about your role in the work task?

Yes	(To be filled in by the scribe if the response is yes.	What were those misperceptions?)
No		

13a. Some potential responses:

- \Box What he thought he saw
- \Box What he thought he heard
- $\hfill\square$ What he thought he smelled
- $\hfill\square$ The degree of risk the job involved
- \Box Other Describe:

Comment field:

14. Do you have any job dissatisfaction issues?

 \Box Yes If yes describe:

 \Box No

Comment field:

15. How well was the crew getting along? Ask for a number rating. On a scale of 1 to 4, with 1 being poorly and 4 being very well:

Rating: _____

Comment field:

16. Were you experiencing any problems performing your job (injury, physical limitation, etc.)?

□ Yes If yes, describe below: □ No Comment field:

17. Did anyone else on the crew say they were having trouble performing their job?

- \Box Yes If yes, describe below:
- 🗆 No

Comment field:

18. Did you fail to perform your assigned duties correctly?

 \Box Yes If yes, describe below:

🗆 No

Comment field:

19. Did anyone on the crew fail to perform their assigned duties correctly?

 \Box Yes If yes, describe below:

🗆 No

Comment field:

20. What form(s) of communications were being used during the work task?

Just prior to the incident:

\Box V	'erbal	direct
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🗆 Radio

- □ Hand signals
- □ Combination or Other Describe below:

Comment field:

21. When the incident occurred:

 \Box Verbal direct

🗆 Radio

□ Hand signals

 \Box Combination or Other

Describe below:

Comment field:

22. Was there any confusion or misunderstanding leading up to the incident?

- \Box Yes If yes, ask the follow up question below.
- 🗆 No

Comment field:

22a. In your experience, what was the cause of the confusion or misunderstanding? (The scribe should fill in based on the subject's response. Some potential responses are listed below.)

- $\hfill\square$ The words that were used
- \Box Who the message was directed at
- $\hfill\square$ Who the message was coming from
- $\hfill\square$ Someone was talking too fast to understand
- □ A difference in understanding of how to do the job
- \Box A disagreement on how to do the job
- □ Radio interference or other radio problems (Describe below)
- \Box Other (Describe below)
- Comment field:

23. How frequently do you do this type of job or work task?

□ Several times a shift

- □ Dailey
- □ Weekly
- $\hfill\square$ Once or twice a month

□ Not very often (Ask the subject if he can remember the last time he performed this task.)

Comment field:

24. Did you know and understand the rules and practices that govern this work task (assignment)?

 \Box No If no, ask for an explanation.

Comment field:

[□] Yes

25. Do you feel the rules and practices associated with the job or work task allowed you to perform you work in a safe manner?

□ Yes

□ No If no, ask for an explanation and follow up with question 25a below.

Comment field:

25a. Do you have any suggestions for changes to the rules or practices? (The scribe should fill in based on the subject's response. Some potential responses are listed below.)

- □ Eliminate
- \Box Revise (Describe below)
- □ Add to the rule or modify the practice (Describe below)
- \Box Other (Describe below)
- Comment field:

26. In your opinion, were any rules violated?

- \Box Yes If yes, ask the follow up questions in the drop down box below.
- □ No If no, go to question 27

Drop down box for rules questions:

26a. Why do you think the rules were violated in this manner?
Comment field:
26b. Is this type of rule violation uncommon for you?
Comment field:
26c. Have you been tested recently for compliance with these rules?
□ Yes
□ No
Comment field:

27. Starting with you, how closely do people comply with safety and operating rules at your work location?

You:

- \Box Always
- $\hfill\square$ Most of the time
- □ Sometimes

Your co-workers:

- \Box Always
- \Box Most of the time
- □ Sometimes

Comment field:

28. Can you think of any factors in your work environment that promotes or contributes to bending the rules? (The scribe should fill in based on the subject's response. Some potential responses are listed below.)

- \Box Management role modeling
- □ Peer role modeling
- $\hfill\square$ Positive reinforcement from management
- \Box Positive reinforcement from peers
- □ Management instructions to violate the rule(s)
- □ Peer instructions to violate the rule(s)
- □ Signage issues
- □ Poorly written rules
- $\hfill\square$ Rule violations are common practice
- \Box Other (Describe below)

Comment field:

29. Were there any recent changes in the physical plant at the incident location (tracks, switches, etc.)?

- \Box Yes If yes, describe below:
- □ No

Comment field:

30. Were there any recent changes in the rules or work practices associated with the incident work task?

Yes	If ves.	describe	below:
1 00	II J CO,	acocitoe	0010111

□ No Comment field:

31. Do you think the weather was a factor in the incident?

 \Box Yes If yes, describe the impact on the incident below:

🗆 No

Comment field:

32. Were there any other physical factors (noise, vibration, lighting, walking conditions, etc.) that may have contributed to the incident?

- \Box Yes If yes, describe below:
- □ No

Comment field:

33. Was their any new technology involved on the equipment used for the incident work task?

 \Box Yes If yes, describe below:

🗆 No

Comment field:

34. Do you feel that you were sufficiently familiar with equipment or new technology?

- □ Yes
- \Box No If no, ask follow up question below:

34a. Were you provided any training on the equipment or new technology?

- □ Yes
- □ No

Comment field:

35. Was any of the track, switches, equipment, ect., involved in the incident defective?

- \Box Yes If yes, describe below?
- □ No

36a. When did you become aware of the defective condition(s)?

- \Box Prior to the incident occurring
- $\hfill\square$ At the time the incident occurred
- $\hfill\square$ After the incident occurred

Comment field:

36. How safe did you feel working with the other member(s) of your crew?

- \Box Very safe
- □ Safe
- □ Slightly safe For slightly or not safe, comment why below:
- \Box Not safe

Comment field:

37. How does management monitor rules compliance? (The scribe should fill in based on the subject's response. Some potential responses are listed below.)

- □ Observations
- \Box FTX
- □ Total Safety Culture
- □ Event recorder downloads
- □ Other (Describe)

Comment field:

38. When was the last time you received training on your job or the rules applicable to your job? (Try to get month and year at the very least.)

Month: _____ Year: _____

39. What type of training do you think was most effective for learning you job?

□ On-the-job (OJT)

□ Classroom

- \Box Combination of the two
- □ Some other type of training procedures (Describe below)

Comment field:

40. Is there anything management should have or could have done to prevent this incident?

□ Yes If yes, describe what they should/could have done:

□ No

Comment field:

41. On a scale of 1 to 4, with 1 being poorest or least effective and 4 being best or most effective, how do you rate your supervisor(s) with respect to the following knowledge, skill, and ability factors?

KSA factors	Ranking (1-4)	Don't know
General knowledge of operating and safety rules		
Building effective relationships with you and your crew		
Clear communication of job tasks and instructions		
Coaching/Mentoring		
Consistent enforcement of rules and requirements		
Problem solving		

42. In the context of this incident, did your supervisor or manager behave inappropriately in any way?

- \Box Yes If yes, describe below:
- 🗆 No

Comment field:

43. What do you do when you see or become aware of an unsafe condition, practice or piece of equipment in your workplace?

- □ Take care of it myself (including coaching other employees)
- □ Report it directly to a supervisor or manager
- □ Make a report on the "Safety Hotline"
- $\hfill\square$ Report the matter to your union representative
- □ Report the matter to the Safety Committee

 \Box Other (Describe)

Comment field:

44. When you reported safety concerns in the past, did management respond and effectively address your concerns?

45a. Did management provide feedback on what would be done to address your safety concern?

[□] Yes

 $[\]Box$ No If no, ask the follow up question below:

□ Yes □ No Comment field:

45. Do you think your immediate supervisors are generally helpful and supportive of your safety concerns?

□ Yes □ No

If no, can you give an example?

Comment field:

46. Overall, how would you rate the effectiveness of communication processes for resolving safety concerns?

 \Box Very effective

 \Box Moderately effective

- □ Slightly effective For slightly or not effective, comment why below:
- \Box Not effective

Comment field:

47. How would your describe the relationship between management and labor at your work location?

- \Box Very good
- \Box Good
- □ Somewhat adversarial For somewhat or very adversarial, comment why below:
- □ Very adversarial

Comment field

We a just about finished with the interview; just two more questions.

48. In your opinion, was there something that was done that prevented this from becoming a more serious incident?

□ Yes If yes, describe what was done below:

□ No

Comment field:

49. Is there anything that could have been done differently that would have prevented this incident?

If yes, describe what could have done below:

□ Yes □ No Comment field:

This space is reserved for the interviewer to comment on the level of risk associated with this incident with respect to: (H = High, M = Moderate, L = Low)			
\Box The people (employees) directly involved in the incident	Н	Μ	L
□ Other employees	Н	Μ	L
Non-railroad people	Н	Μ	L
□ Damage to equipment and/or property	н	Μ	L
□ The environment Comment field:	Н	Μ	L

End of Interview