U.S. Department of Transportation
Federal Transit Administration
Office of Safety and Security

State Safety Oversight Program

Annual Reporting Template
2011

Please use this reporting template to report State Safety Oversight (SSO) Program information for Calendar Year 2011. Please note that several changes have been made to the reporting template for CY 2011, as described in your transmission letter. Each reporting section is located on a different worksheet within this file. Click the tabs below to navigate through the template. Specific instructions are provided within. Please pay special attention to the instructions provided on each worksheet before completing the tables. The "Inc Inst" worksheet defines the incident categories to be used when reporting data and lists the reporting thresholds established in Part 659.33. In certain cells throughout the template, users will be required to select information from a drop-down list of options. In the "Inc Inst" worksheet, information such as Agency, Mode, incident Type, and Probable Cause are inputted through drop-down lists.

In addition to completing and submitting this reporting template, FTA requires each SSO agency to submit the following:

1. A copy of the Program Standard and Procedures (if these documents were revised in 2011).
2. A copy of the 2011 Annual Reports and Chief Executive certifications received from each rail transit agency under your jurisdiction.
3. A copy of the letter sent to each rail transit agency by the SSO agency approving their annual reports.
4. A copy of the internal safety audit reports, including the completed checklists used to perform the audits conducted by each rail transit agency in 2011 (if not already included in the 2011 rail transit agency Annual Reports).
5. A copy of the SSO agency's Three-Year Review Report (if conducted in 2011).

Reporting deadline: 3/15/2012

State Oversight and Rail Transit Agency General Information

Please provide the address for your State Oversight Agency (SOA) and for the Rail Transit Agencies (RTAs) under your jurisdiction (update as necessary).

State Oversight Agency

Agency Name	Street Address	City	State	Zipcode	Phone Number
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Rail Transit Agency(ies)

[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

State Oversight Agency Contact Information

Please provide the contact information for the individuals responsible for State Safety Oversight activities at your agency (update as necessary). F characters.

Contact Type	Sal.	First Name	Last Name	Title	Office Phone	Ext.	Cell Phone	Fax
SOA Primary	[redacted]	[redacted]	[redacted]	SSO Program Manager	[redacted]		[redacted]	[redacted]
SOA Alternate								
SOA Alternate								
SOA Alternate								
SOA Alternate								
SOA Alternate								
SOA Alternate								
SOA Alternate								
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SOA Alternate								
SOA Alternate								
SOA Alternate								
SOA Alternate								
SOA Alternate								
SOA Alternate								
SOA Alternate								
SOA Alternate								

SOA Primary

This is the SSO Program Manager or the primary contact for all SSO-related correspondence.

SOA Alternate

This is the individual(s) responsible for correspondence and SSO-related activities in the absence of the SSO Program Manager

Years in the SSO Program

Examples: If the individual began supporting the SSO Program in 2011, please enter "1". If the individual began in 2008, please enter "3".

Please enter phone numbers without spaces or extra

Email	Years in SSO Program
[redacted]	[redacted]

Rail Transit Agency Contact Information

Please provide the contact information for each RTA that your agency oversees (update as necessary).

Rail Transit Agency	Sal.	First Name	Last Name	Title	Address (if different from Agency Address)	Phone	Ext.	Fax
Valley Metro (Phoenix)								
CEO								
Safety Primary	[redacted]	[redacted]	[redacted]	Director,[redacted]		[redacted]		[redacted]
Safety Alternate	[redacted]	[redacted]	[redacted]	Director,[redacted]		[redacted]		[redacted]
Security Primary	[redacted]	[redacted]	[redacted]	Director[redacted]		[redacted]		[redacted]
Security Alternate	[redacted]	[redacted]	[redacted]	Direct[redacted]		[redacted]		[redacted]

Rail Transit Agency	Sal.	First Name	Last Name	Title	Address (if different from Agency Address)	Phone	Ext.	Fax
CEO								
Safety Primary								
Safety Alternate								
Security Primary								
Security Alternate								

Rail Transit Agency	Sal.	First Name	Last Name	Title	Address (if different from Agency Address)	Phone	Ext.	Fax
CEO								
Safety Primary								
Safety Alternate								
Security Primary								
Security Alternate								

Rail Transit Agency	Sal.	First Name	Last Name	Title	Address (if different from Agency Address)	Phone	Ext.	Fax
CEO								
Safety Primary								
Safety Alternate								
Security Primary								
Security Alternate								

Rail Transit Agency	Sal.	First Name	Last Name	Title	Address (if different from Agency Address)	Phone	Ext.	Fax
CEO								
Safety Primary								
Safety Alternate								
Security Primary								
Security Alternate								

Rail Transit Agency	Sal.	First Name	Last Name	Title	Address (if different from Agency Address)	Phone	Ext.	Fax
CEO								

Safety Primary								
Safety Alternate								
Security Primary								
Security Alternate								

[redacted]

Email
[redacted]
Email
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State Oversight Agency Program Management

Please provide the following program management information for your agency.

Hours Devoted to the SSO Program in 2011 (§659.39(1))

SOA Employee Name	Title	Hours Worked	Has this staff member's annual hours devoted to the SSO program increased or decreased since 2008?

Use of Contractors (§659.39(1))

Contracted Duties	Contractor Hours	Contractor Costs	Has your budget for this contractor increased or decreased since 2008?
Three-Year Safety Review			
Program Standard Update and Revision			
Rail Transit Agency SSPP Review			
Incident Investigation Support			
Overseeing Internal Safety/Security Reviews			
Corrective Action Plan Review and Tracking			
Field Observations and Investigations			
Special Studies			
Other: (please describe)			
Other: (please describe)			
Other: (please describe)			
Other: (please describe)			
Other: (please describe)			

Hours Devoted to the SSO Program in 2011:

Please enter the hours worked on the program by the State Oversight Agency (SOA) Program Manager and any other SOA employees. The

total hours will allow FTA to calculate the number of full-time equivalents assigned to the program.

Note: For employees dedicated full-time to the SSO program, please report 2,000 hours. 1 Full-Time Equivalent (FTE) = 2,000 hours.

Has this staff member's annual hours devoted to the SSO program increased or decreased since 2008?:
Please choose make the appropriate selection in the drop-down box (increased, decreased, or same).

Use of Contractors:
Please list the SSO tasks performed by contractors. For each task (three-year review, incident investigations, etc.) please provide the contracted hours and the associated cost. For tasks not identified in the list, please provide a description.

Has your budget for this contractor increased or decreased since 2008?:
Please choose the appropriate selection in the drop-down box (increased, decreased, or same).

State Oversight Agency Program Management Activities

Please provide the requested SOA program management information.

SOA Authority

RTA	Does your State Oversight Agency have the authority to...			
	...conduct unannounced inspections?	...establish higher standards than Part 659?	...conduct inspections?	...issue emergency orders?
[redacted]				

Internal SOA Coordination

Please identify how often the SOA Program Manager briefed his or her immediate supervisor regarding SSO program activities in CY 2011.	Frequency	Please describe briefed Executiv CY 2011.
	Quarterly	

Coordination with the RTAs

RTA	How many meetings did SOA personnel attended on-site each rail transit agency in CY 2011?		How many other field visits did S make to each RTA in 2011? This i observation of work practices, ve CAP implementation, field assess hazard management program, etc
[redacted]			

SOA Authority
Please select "yes" or "no" for each identified authority to report your agency's existing authority over ea any additional authority since 2008.

Internal SOA Coordination
Please report how often the SSO Program Manager briefed his or her supervisor regarding the SSO Pr drop down menu. Also report how often the SSO Program Manager briefed Executive Management wit

Coordination with RTAs
For each overseen RTA, please provide 1) the number of on-site meetings SOA staff attended at the R the number of meetings between SOA staff and RTA Executive Leadership in CY 2011.

		Has your agency secured any new authority since 2008?	
...fine an RTA?	...shutdown service?	Yes/No	Description

how often the SOA Program Manager e Leadership within the SSO agency in	Frequency
	Quarterly

)A personnel includes rification of ment for .	How many times did the SOA Program Manager meet with Executive Leadership at each rail transit agency in CY 2011?	

ch overseen RTA. Also, please identify if your agency has gained

ogram in CY 2011 by selecting an option from the "Frequency"
hin the SSO Angency in CY 2011.

TA, 2) the number of other field visits made by SOA staff, and 3)

Program Documentation

Please provide the following SSO documentation information for your SOA and each RTA overseen. Please submit to FTA a copy of your Program Standard and Procedures if these documents were revised in 2011.

State Oversight Agency				
SOA Documentation (§659.39(3))	**Version Date**	**Submitted to FTA?**		
Program Standard				
Program Procedures*			* if maintained in a separate document	
SOA Incident Investigation Procedures*			* if SOA maintains its own procedures	
Rail Transit Agency (§659.39(4))				
[redacted]	**Version Date**	**RTA Conducted Annual Review?**	**SOA Approved?**	**Approval Letter Submitted to FTA?**
SSPP				
Security Plan				
RTA Incident Investigation Procedures				
	Version Date	**RTA Conducted Annual Review?**	**SOA Approved?**	**Approval Letter Submitted to FTA?**
SSPP				
Security Plan				
RTA Incident Investigation Procedures				
	Version Date	**RTA Conducted Annual Review?**	**SOA Approved?**	**Approval Letter Submitted to FTA?**
SSPP				
Security Plan				
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SSPP				
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SSPP				
Security Plan				
RTA Incident Investigation Procedures				
	Version Date	**RTA Conducted Annual Review?**	**SOA Approved?**	**Approval Letter Submitted to FTA?**
SSPP				
Security Plan				
RTA Incident Investigation Procedures				
	Version Date	**RTA Conducted Annual Review?**	**SOA Approved?**	**Approval Letter Submitted to FTA?**
SSPP				
Security Plan				
RTA Incident Investigation Procedures				

RTA Conducted Annual Review?

Part 659.25 requires the RTA to conduct an annual review of its SSPP and Security Plan for needed modifications. Please enter "yes" or "no" indicating whether or not each RTA has conducted this review.

SOA Approved?

Part 659.17 and 659.21 require the SOA to review and approve each SSPP and Security Plan and any subsequent modifications. Please indicate whether or not the SOA has reviewed and approved the current plan.

Approval Letter Submitted to FTA?

Please indicate whether or not the SOA has submitted the approval letter to the FTA.

Federal Railroad Administration Waivers

Please provide the requested FRA-related information for each RTA overseen.

RTA

Valley Metro (Phoenix)	Y/N	Has the SOA participated in an FRA inspection or review at this RTA? Y/N	Date
FRA waiver(s) in place?			
Waiver Docket No.	Expiration Date		

	Y/N	Has the SOA participated in an FRA inspection or review at this RTA? Y/N	Date
FRA waiver(s) in place?			
Waiver Docket No.	Expiration Date		

	Y/N	Has the SOA participated in an FRA inspection or review at this RTA? Y/N	Date
FRA waiver(s) in place?			
Waiver Docket No.	Expiration Date		

	Y/N
FRA waiver(s) in place?	
Waiver Docket No.	Expiration Date

Has the SOA participated in an FRA inspection or review at this RTA?

Y/N	Date

	Y/N
FRA waiver(s) in place?	
Waiver Docket No.	Expiration Date

Has the SOA participated in an FRA inspection or review at this RTA?

Y/N	Date

	Y/N
FRA waiver(s) in place?	
Waiver Docket No.	Expiration Date

Has the SOA participated in an FRA inspection or review at this RTA?

Y/N	Date

	Y/N
FRA waiver(s) in place?	
Waiver Docket No.	**Expiration Date**

Has the SOA participated in an FRA inspection or review at this RTA?

Y/N	Date

FRA waiver(s) in place?

For each RTA, please indicate whether or not there is an FRA waiver in place for shared track or shared corridor arrangements, by selecting "yes" or "no" from the drop down menu. If one or more waiver is in place, please provide the docket number and the expiration date of each waiver.

Has the SOA participated in an FRA inspection or review at this RTA?

Use the yes/no drop down menu to report whether or not the SOA has participated in an FRA review or inspection at this RTA.

Training

Please provide the requested information regarding SOA staff training levels.

SSO Program Manager Training Curriculum

Please identify the completion of TSI training that makes up the SSO Program Manager Train
of the course completed in the appropriate column.

	Transit Safety and Security Certificate - Tier I			
SOA Employee Name	RII FT00430	TSSec FT00432	NewRSS FT00543	EMTE FT00456

Additional Recommended Training

Please identify the completion of additional recommended training by the SSO Program Mana
appropriate column.

	NTI			
SOA Employee Name	Toolbox for Transit Operator Fatigue: Putting the Report into Action	Terrorist Activity Recognition and Reaction	Management of Transit Construction Projects	IM401 - Cognitive Interviewing for Incident Investigators

Training at the RTAs

Please identify training attended at the local Rail Transit Agency for the SSO Program Manag alternate personnel.

SOA Employee Name	Date	RTA	Course Name

SSO Program Manager Training Curriculum: Tiers I, II and III.

Please identify each SOA employee that has completed SSO Program Manager Training Cur Classes are divided into the three tiers of the SSO Program Manager Training Curriculum.

Additional Recommended Training

Please provide information about any SOA employees that have taken the identified training c Please identify the month and year that each class was taken.

Training at the RTAs

Please select any SOA employees that have received training at an RTA. Also provide the da

WSO Rail Transportation Safety Certificate

Please select any SOA employees that have received the WSO Rail Transportation Safety Ce

ing Curriculum. Please enter the month and year (mm/yyyy)

	Tier II	Tier III	
Certificate Awarded	TISM FT00457	SAM FT00465	ARII FT00461

ıger. Please enter the month and year (mm/yyyy) of the course completed in the

NTSB			ASSE		
IM401B - Cognitive Interviewing for Incident Investigators - ADVANCED	IM303 - Investigating Human Fatigue Factors	RPH301 - Incident Investigation Orientation for Rail Professionals	64802 - Safety Management I	65167 - Safety Management II	65532 - Corporate Safety Management

er and

World Safety Organization Rail Transportation Safety Certificate
Have any SOA employees applied for and received the World Safety Organization (WSO) Rail Transportation Safety Certificate?

Name	Received?	Date Received

riculum classes provided by TSI and provide the month and year that each class was taken.

courses recommeded by FTA through the SSO Program Manager Training Curriculum.

ate, RTA, and course name for all such training.

ertificate and the date received.

Three-Year Safety and Security Reviews

Please provide the following information regarding conducting SOA Three-Year Safety and Security Reviews at each RTA. If the SOA conducted a Three-Year Review in 2011, please submit a copy of the final report to FTA with this template.

Three-Year Safety Reviews (§659.29)

RTA	Date of Last Three-Year Review	Length of Review (days)	Contractor Used?	Report Date	SSPP Update Necessary?	Date of Next Review
[redacted]						

Three-Year Security Reviews (§659.29)

RTA	Date of Last Three-Year Review	Length of Review (days)	Contractor Used?	Report Date	Security Plan Update Necessary?	Date of Next Review
[redacted]						

Date of Last Three-Year Review

Part 659.29 requires SOAs to conduct an onsite review of the RTA's implementatiion of its SSPP and Security Plan at least every three years. Please provide the date of the last Three-Year review of each RTA overseen.

Length of Review (days)

Please provide the number of days used to conduct the review.

Contractor Used?

Please indicate whether or not contractor services were procured to conduct the review.

Report Date

Part 659.29 requires the SOA to prepare a report documenting findings and recommendations from the review. Please provide the date of the report.

SSPP/Security Plan Update Necessary?

Part 659.29 requires the report to analyze the effectiveness of the RTA SSPP and Security Plan and to determine whether or not either should be updated. Please indicate whether or not the SOA's review required the update of either plan.

Date of Next Review

Please provide the date of the next SOA on-site review.

Incident Reporting Instructions

Refer to the following information when reporting incidents on the following worksheet.

Incident Reporting Thresholds (§659.33)

Please report all incidents meeting at least one of the following thresholds:

1) A fatality at the scene; or where an individual is confirmed dead within thirty (30) days of a rail transit-related incident;
2) Injuries requiring immediate medical attention away from the scene for two or more individuals;
3) Property damage to rail transit vehicles, non-rail transit vehicles, other rail transit property or facilities and non-transit property that equals or exceeds $25,000;
4) An evacuation due to life safety reasons;
5) A collision at a grade crossing;
6) A main-line derailment;
7) A collision with an individual on a rail right of way;
8) A collision between a rail transit vehicle and a second rail transit vehicle, or a rail transit non-revenue vehicle.

SSO Internal Incident ID No.

Please provide the number or code that the state oversight agency uses to track each incident.

Incident Type

FTA reportable incidents are divided into five categories:

1)	Collision (non-Rail Grade Crossing)	Includes train to train; train to vehicle; train to object; and train to individual collisions that DO NOT OCCUR at rail grade crossings – DOES NOT include suicide or trespassing-related incidents.
2)	Rail Grade Crossing Collisions	Includes train to train; train to vehicle; train to object; and train to individual collisions that OCCUR at rail grade crossings – DOES NOT include suicide or trespassing-related incidents. For mixed traffic environments, please report only collisions that occur at street intersections.
3)	Derailments	Includes all mainline derailments.
4)	Fires	Includes fires that cause at least $25,000 in property damage or cause an evacuation of a vehicle or a station for life safety reasons.
5)	Other	Includes suicide and trespassing-related fatalities; homicides; security related events; non-fire-related evacuations, and other fatality or multiple-injury incidents that are not considered Collisions, Derailments, or Fires.

Collision With

For all reported collisions (RGX Collisions, non-RGX Collisions), please select what the rail transit vehicle collided with (Person, Automobile, Object, Train). Please note that previous templates asked only whether or not a collision was a train-to-train collision. While this template will accept yes/no answers being copied and pasted into any cell, cells must be updated using the new drop-downs.

Incident Location

Please use the drop down menu to select where the event occurred.

1)	Trackway	Location for reportable incidents occurring on active rail trackway, excluding facilities (stations) or rail yards.
2)	Revenue Facility	Location for reportable incidents occurring at revenue facilities, such as transit stations (including trackway in rail transit stations).
3)	Non-Revenue Facility	Location for reportable incidents occuring at non-revenue facilities, such as trolley barns and maintenance shops
4)	Yard	Location for reportable incidents occurring in a rail yard.
5)	Other	Location for reportable incidents occurring at all other locations.

Injuries and Fatalities

Persons involved in incidents are categorized into one of four categories. Please provide the number of injuries and fatalities for each person type. If no injuries or fatalities were experienced for a specific event, you must enter "0" in the cell.

1)	Passenger	Individual on-board a rail transit vehicle or boarding or alighting a rail transit vehicle
2)	Patron	Individual waiting for or leaving rail transit at stations, in mezzanines, on stairs, escalators, or elevators, in parking lots and other transit-controlled property.
3)	Public	All others who come into contact with the rail transit system, including pedestrians, automobile drivers, trespassers, and suicides.
4)	Worker	Rail transit agency employee or contractor.

Property Damage Threshold

Please use the drop down menu to select whether or not the incident resulted in property damage greater than or equal to $25,000 in estimated damages.

Investigation Conducted by

Please provide the name of the individual responsible for the investigation.

Investigation Report Adopted by SOA?

Part 659.35(e) requires the SOA to formally adopt a final investigation report for each incident investigation. Please indicate whether or not the SOA formally adopted a final investigation report for each incident.

Probable Cause

Part 659.35(d) requires each final investigation report to identify causal and contributing factors. Please provide the incidents probable cause. Probable cause is divided into eleven categories:

1)	Equipment Failure	System component failure
2)	Poor Maintenance	System not properly maintained
3)	Operating Rule Violation/ Human Factor	Employee error or organizational issue
4)	Slips and Falls	Slips and falls in station or vehicle
5)	Imprudent Customer Actions	Inappropriate patron or passenger behavior on vehicles or in stations
6)	Medically Related	Illness, heart-attacks
7)	Action of Motorist	Non-transit auto driver at fault
8)	Pedestrian Actions	Pedestrian at fault
9)	Trespasser	Trespasser action
10)	Suicide	Suicides and suicide attempts
11)	Other	Acts of Nature/ Unknown

Corrective Action Plan Developed?

Part 659.35(d) requires each final investigation report to include a Corrective Action Plan(CAP). Please indicate whether or not a CAP was developed for each incident.

Incident Investigation and Reporting

Please provide information regarding all incidents meeting the thresholds established in §659.33. Incident Thresholds and spe

RTA	SSO Internal Tracking No.	Date	Time (hh:mm AM)	Mode	Incident Type	Collision With	Incident Location

cific reporting instructions are provided on the previous worksheet.

Received Notification Within 2 Hours? (§659.33(3))	Fatalities (§659.33(a)(1))					Injuries (§659.33(a)(2))					Est. Property Damage (§659.33(a)(3))	Investigation Conducted By (§659.35(a))	Investigation Report Adopted by SOA? (§659.35(e))
	Passenger	Patron	Public	Worker	Total	Passenger	Patron	Public	Worker	Total			

Corrective Action Plan Reporting Instructions

Refer to the following information when reporting Corrective Action Plan (CAP) information on the following worksheet.

Source

Please select the source of the CAP.

SSO Internal Incident ID No.

If the CAP was developed as a result of an incident investigation, please provide the number or code that the state oversight agency uses to track the incident.

Identified Action

Part 659.37(b) requires all corrective action plans to include the identified corrective action. Please provide the identified action.

SOA Approved?

Part 659.37(c) requires the SOA to review and approve each CAP. Please indicate whether or not each CAP was approved by the SOA.

Proposed and Actual Implementation Dates

Part 659.37(b) requires all corrective action plans to include the schedule for implementation. Please provide the proposed implementation date and the actual implementation date.

Individual Reponsible for Implementation

Part 659.37(b) requires all corrective action plans to include the individual responsible for implementation. Please provide the responsible individual's name for each CAP.

CAP Status

Part 659.37(g) requires the SOA to monitor and track the implementation of each approved CAP. Please indicate the current status (Open or Closed) for each CAP. Please update the status of all CAPs reported in 2008 as being open.

Implementation Verified?

Part 659.37(f)(1) requires the RTA to provide the SOA with verification that the corrective action has been implemented as described in the corrective action plan, or that a proposed alternate action has been implemented, subject to oversight agency review and approval. Please indicate whether or not the SOA has verified that the CAP has been implemented. If the CAP is still open, the implementation has not been verified.

Issues Preventing Resolution

For CAPs that have not been closed, please provide the issues that have prevented the RTA from closing the CAP.

Corrective Action Plans (CAP)

Please provide information regarding each CAP developed in 2011 and all other open CAPs developed and reported as open in 2011.
Specific instructions for completing this worksheet are provided on the previous worksheet.

RTA	Source	SSO Internal Incident ID No.*	CAP Internal Tracking ID	Identified Action (§659.37(b))	SOA Approved? (§659.37(c))	Proposed Implementation Date (§659.37(b))	Actual Implementation Date (§659.37(b))	Individual Reponsible for implementation (§659.37(b))	CAP Status	Implementation Verified? (§659.37(f)(1))	Issues Preventing Resolution (For Open CAPs)

Corrective Action Plans (CAP)

Please provide information regarding each CAP developed in 2011 and all other open CAPs developed and reported as open in 2011.
Specific instructions for completing this worksheet are provided on the previous worksheet.

RTA	Source	SSO Internal Incident ID No.*	CAP Internal Tracking ID	Identified Action (§659.37(b))	SOA Approved? (§659.37(c))	Proposed Implementation Date (§659.37(b))	Actual Implementation Date (§659.37(b))	Individual Reponsible for implementation (§659.37(b))	CAP Status	Implementation Verified? (§659.37(f)(1))	Issues Preventing Resolution (For Open CAPs)

Hazard Reporting Instructions

Refer to the following information when reporting hazards on the following worksheet.

SSO Internal Tracking Number

Please provide any internal number assigned to track each hazard.

Hazard Reported

Please provide a brief description of each hazard reported to the SOA through the RTA Hazard Management Programs.

Probable Cause

Please provide the determined probable cause for each hazard reported to the SOA.

Corrective Action Plan Developed?

Part 659.35(d) requires each final investigation report to include a Corrective Action Plan(CAP). Please indicate whether or not a CAP was developed for each hazard. Specific CAP-related data will be collected on the CAPs tab.

Hazard Management Process - Hazard Tracking

Please list all hazards reported to your agency through RTA Hazard Management Programs. Specific reporting instructions are provided on the previous worksheet

Rail Transit Agency	SSO Internal Tracking Number	Hazard Reported (§659.31(5))	Probable Cause	Corrective Action Plan Developed? (§659.35(d))