



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 Agency Contact Information**

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



**Rail Transit Agency Contact Information**

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

	Sal.	First Name	Last Name	Title	Address (if different from Agency Address)	Phone	Ext.	Fax
<b>Rail Transit Agency</b>								
Valley Metro (Phoenix)								
CEO								
Safety Primary				Director				
Safety Alternate				Director				
Security Primary				Director				
Security Alternate				Direct				
<b>Rail Transit Agency</b>								
CEO		First Name	Last Name	Title	Address (if different from Agency Address)	Phone	Ext.	Fax
Safety Primary								
Safety Alternate								
Security Primary								
Security Alternate								
<b>Rail Transit Agency</b>								
CEO		First Name	Last Name	Title	Address (if different from Agency Address)	Phone	Ext.	Fax
Safety Primary								
Safety Alternate								
Security Primary								
Security Alternate								
<b>Rail Transit Agency</b>								
CEO		First Name	Last Name	Title	Address (if different from Agency Address)	Phone	Ext.	Fax
Safety Primary								
Safety Alternate								
Security Primary								
Security Alternate								
<b>Rail Transit Agency</b>								
CEO		First Name	Last Name	Title	Address (if different from Agency Address)	Phone	Ext.	Fax
Safety Primary								
Safety Alternate								
Security Primary								
Security Alternate								
<b>Rail Transit Agency</b>								
CEO		First Name	Last Name	Title	Address (if different from Agency Address)	Phone	Ext.	Fax
Safety Primary								
Safety Alternate								
Security Primary								
Security Alternate								
<b>Rail Transit Agency</b>								
CEO		First Name	Last Name	Title	Address (if different from Agency Address)	Phone	Ext.	Fax





Email



Email

Email

Email

Email

Email

Email





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.*

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**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).

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**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.

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**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).

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## 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 Executive Management in CY 2011.
	Quarterly	

### Coordination with the RTAs

RTA	How many meetings did SOA personnel attend on-site each rail transit agency in CY 2011?	How many other field visits did SOA make to each RTA in 2011? This includes observation of work practices, verification of CAP implementation, field assessment of hazard management program, etc.
[REDACTED]		

### SOA Authority

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

### Internal SOA Coordination

Please report how often the SSO Program Manager briefed his or her supervisor regarding the SSO Program Management drop down menu. Also report how often the SSO Program Manager briefed Executive Management with the SSO Program Management drop down menu.

### Coordination with RTAs

For each overseen RTA, please provide 1) the number of on-site meetings SOA staff attended at the RTA and 2) 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 meets with Executive Leadership within the SSO agency in	Frequency
	Quarterly

SOA personnel includes verification of field visits 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" within the SSO Agency 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))**

	Version Date	RTA Conducted Annual Review?	SOA Approved?	Approval Letter Submitted to FTA?
<b>[REDACTED]</b>				
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				
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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				

**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.






<b>Has the SOA participated in an FRA inspection or review at this RTA?</b>	
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 at the RTAs**

Please identify training attended at the local Rail Transit Agency for the SSO Program Manager 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 Curriculum. 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 classes. 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 date.

**WSO Rail Transportation Safety Certificate**

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




**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.

ourses recommended by FTA through the SSO Program Manager Training Curriculum.

ite, 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 implementation 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.

### SBO 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) **Deraillments** Includes all mainline deraillments.
- 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, Deraillments, 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 occurring 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** 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.





## **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.

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### **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.

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### **Identified Action**

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

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### **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.

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### **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.

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### **Individual Responsible 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.

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### **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.

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### **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.

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### **Issues Preventing Resolution**

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







## **Hazard Reporting Instructions**

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

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### **SSO Internal Tracking Number**

Please provide any internal number assigned to track each hazard.

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### **Hazard Reported**

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

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### **Probable Cause**

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

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### **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.

