

INTERVIEW TOOL (NJT)

Confirmation Number: C3RS-0000000000 (mmddy, 4 random digits)

Date: _____

Time of interview: _____ am pm (will be converted to 24 hr format in system)

Interviewer Name: _____

Interviewee Name: _____

Interviewee Phone Numbers: _____

Received Confirmation Call: Yes No

Participating Railroad: NJT

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 20-40 minutes; do you have that much time available now?

(If yes, proceed with the interview)

Next, I am going to read the Burden Statement to you. A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2139-0010. As mentioned above, the interview is estimated to take approximately 20 to 40 minutes and it is voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Close Call Data Collection Officer, Demetra Collia, US DOT/BTS, 1200 New Jersey Avenue SE, Room E36-302, Washington, D.C. 20590 or email: demetra.collia@dot.gov

(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 #: _____

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 NJT, the labor unions, the FRA, and the agency I represent, the Bureau of Transportation Statistics, which provides employees that participate in the C3RS project protection from disciplinary and enforcement actions by the Railroad and FRA. The purpose of the project is to gather data related to close calls that may not be available following traditional incident investigation procedures. The information you are sharing with me will be kept strictly confidential. I will be asking you several questions that initially may seem unrelated to your incident, but the information you will provide is necessary to fully develop the circumstances of the incident, the safety culture environment and provide the summary data which may be useful in identifying the root causes of incidents and, thereby, improve safety.

Proceed with interview –

I have reviewed your close call 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 – Have individual describe the events leading up to including the incident and what happened afterwards. (In their description listen to see if the following are mentioned):

- **How long had this crew worked together?**
- **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?**
- **Ask follow up questions to fill-in details to understand the incident and have individual provide explanation of any instructions, procedures or processes referenced.**

Comment field:

Text from written report -

Oral Report:

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

Gender: Male Female

Age: _____ (in years)

Height: _____ (feet) _____ (inches)

Weight: _____ (in lbs.)

Identify interviewee's job category:

- Brakeman
- Conductor
- Dispatcher
- Engineer
- Hostler
- Student Conductor
- Student Engineer
- Ticket Collector
- Yardmaster

Work experiences (in years): Railroad _____ Craft _____

Comments field:

Enter incident information obtained from written report or attempt to collect at the beginning of the interview
(unless already submitted with report)

Incident information

Date of Incident: _____ Time of Incident: _____ Time Zone: _____

Incident Type: _____ Incident Category: _____

RR sub/division: _____ Line Segment: _____ Station: _____

Mile Post: _____ Yard: _____

Weather: Clear Cloudy Fog Slight Rain Intense Rain Snow (on ground) Snowing

High Winds Lightning Hail Storm Conditions in Transition Cold Hot

Light Condition: _____ Visibility: _____ Temperature: _____

Train No: _____ Engine #'s: _____ Cab car No: _____ Total # of car(s): _____

of cars in use(open): _____ # of MU's: _____ # of Multi-level: _____

5/2013

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BTS-0011B

Train Activity:

Crew Activity:

Enter Work/Sleep and train consist information obtained from written report or attempt to collect at the beginning of the interview (unless already submitted with report)

3-Day Work/Sleep History Information
(Please use military time (24-Hour clock) for work and sleep periods)

3-Day Work Shift History	Shift Start Time	Incident Time	Shift End Time
Incident Shift Day			
Day before Incident			
2 Days before Incident			
3-Day Sleep History	Sleep Start Time	Sleep End Time	Nap – Yes/No
Last Sleep before Incident Shift			
Sleep Period the Day Before			
Sleep Period 2 Days Before			

Ask for Equipment/Brake information not part of written report.

Defective Equipment (any of the track, switches, equipment, etc.)

- Yes If yes, describe:
 No
 NA

When did you become aware of the defective equipment?

- Prior to the incident occurring
 At the time the incident occurred
 After the incident occurred

Comment field:

Brakes

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

- Yes If no, go to next question.

No

Comment field:

a. Had these brake systems been used, prior to the incident?

Yes

No

b. If the conductor/brakeman is being interviewed; ask if he considered using the emergency brake to control the train and avoid the incident?

Yes

No

If no, why not:

c. Any cars cut out or have defective brakes?

Yes

No

Comment field:

d. What brake systems were being used and in what order and amount?

<u>TYPE</u>	<u>ORDER USED</u>			<u>AMOUNT USED</u>
Automatic air	1	2	3	_____ (service to full)
Independent air	1	2	3	_____ (service to full)
Dynamic brakes	1	2	3	

Comment field:

Yellow Board/Slow Order Violations

What type of approach signs were displayed in advance of the incident slow order?

- Yellow Board
- Red/Yellow Board
- Other

Comment field:

Did you check the incident location on your trip to see if the Yellow Boards were there?

- Yes
- No

Comment field:

How was the Yellow Approach Board mounted or posted?

What was the approximate distance of the Yellow Board placement from center line of the track?

- a. Is this where you would expect to see the Yellow Board
 - Yes
 - No

Comment field:

What was the condition of the Yellow Board?

- b. Was it difficult to observe for some reason?
-

How many slow orders did you have on this trip?

How many slow orders were within 10 miles of the incident site?

Was the incident slow order within the confines of another slow order?(This would include slow orders within the confines of a Form B order.)

- Yes No
 - Form A
 - Form B
 - Form C
-

Was your train operating in the normal or standard direction of travel for the track you were using?

- Yes
- No

- No Standard Direction

Comment field:

What was the interaction or engagement between the engineer and conductor or other people in the locomotive cab?

Were you following or meeting other trains when the incident occurred?

- Meeting
- Following
- Both

Comment field:

Did the incident occur near a junction, interlocking, intermediate station or major terminal?

- Junction
- Interlocking
- Intermediate Station
- Major Terminal

Comment field:

Did your train orders tell you the Yellow Boards were not displayed for the incident slow order?

- Yes
- No
- Don't Know

Comment field:

Now let's start the interview questions.

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

- Regular Assignment
- Pool Turn
- Extra Board

1a. Was the incident job a:

- Regular Assignment
- Pool Turn
- Extra Board

Comment field:

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

- Mile
- Hour
- Trip Rate
- Basic Day

Comment field:

3. How long does it take you to commute to/from work from home?

____ hrs. ____ mins.

Comment field:

4. Do you feel that fatigue or lack of alertness contributed to this incident?

- Yes If no, go to next question.
- No

Drop down box to collect on fatigue and alertness information:

- | |
|--|
| <p>4a. Did you have trouble sleeping during the 3-days prior to the incident?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No |
|--|

Comment field:

4b. On a scale of 1-5, with 5 being “the best”, how would you rate yourself on?

4b1. The quality of your sleep during your last rest period (1 - 5):

4b2. How rested you felt when you got up: (1 - 5):

4b3. How alert you felt just prior to the incident (1 - 5):

4c. If you were tired, did you attempt to mark-off when called for the incident shift?

Yes

No If no, why:

Comment field:

4d. Did you do anything to enhance your alertness prior to this incident?

Yes Mark below.

No

Caffeinated beverage

Stand up/walk around

Eat/Chew something

Talk

Fresh air

Drink or splash water

Other (Describe below)

Comment field:

5. Were there any issues that affected the quality of your sleep?

Yes If no, go to next question.

No

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

5a. Were they personal?

Yes

No

Comment field:

5b. Were they work related?

Yes If yes, describe:

No

Comment field:

5c. Have you ever been diagnosed with any type of sleeping disorder?

Yes

No

5d. Describe condition:

5e. Describe treatment:

5f. Is the treatment effective: Yes No

Comment field:

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

Yes If no, go to next question.

No

Comment field:

Drop down box for issues related to ability to concentrate:

6a. Were they personal?

Yes No description required

No

6b. Were they work related?

Yes If yes, describe:

No

Comment field

7. Was the paperwork a problem?

Yes If no, go to next question.

No

Comment field:

Drop down box for paperwork issues:

7a. What were the problems with the paperwork?

- Out-of-date
- Inaccessible
- Incomplete
- Not prioritized
- Other (Describe)

Comment field:

7b. Did the paperwork problem have an effect on this incident?

- Yes
- No

Comment field:

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

- Yes If no, go to next question.
- No

Comment field:

Drop down box for job briefing questions:

8a. Who conducted the job briefing?

Job title: _____

Ask the subject to describe the job/safety briefing using the questions below:

8b. All members of the crew attended?

- Yes
- No

8c. Discussion of what was to be done and how to do it?

- Yes If yes, what was discussed?
- No

8d. Did you discuss what might go wrong and what to do then?

- Yes If yes, what was discussed?
 No

8e. Did you discuss the incident task?

- Yes
 No

8f. Were all questions about the incident task answered and understood?

- Yes
 No

Comment field:

9. On the incident day, did you have any job dissatisfaction issues?

- Yes If yes describe:
 No

Comment field:

10. How well did the crew getting along? Ask for a number rating. Rate on a scale of 1 to 5, with 5 being "the best" (9 being "did not want to answer").

Rating: _____

Comment field:

11. Performing assigned duties:

11a. Did you neglect to complete your work correctly?

- Yes If yes, describe:
 No

Comment field:

11b. Did anyone on the crew neglect to complete their work correctly?

- Yes If yes, describe:
 No

Comment field:

11c. Did anyone else in the working environment neglect to complete their work correctly?

- Yes If yes, describe:
 No

Comment field:

12. What form of communication was being used during the task just prior to the incident? (Mark all that apply)

- Verbal direct
 Radio
 Hand signals
 Other(Describe)

Comment field:

13. Communication when the incident occurred. (Mark all that apply)

- Verbal Direct
 Radio
 Hand signals
 Other(Describe)

Comment field:

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

- Yes If no, go to next question.
 No

Comment field:

14a. In your experience, what was the cause of the confusion or misunderstanding?

Comment field:

15. How frequently do you do the incident job or task?

- Several times a shift
 Daily
 Weekly
 Once or twice a month

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

Comment field:

16. What rule(s) applied in this incident?

Comment field:

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

Yes If yes, describe:

No

Comment field:

18. 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

Revise (Describe)

Add to the rule or modify the practice (Describe)

Other (Describe)

Comment field:

19. In your opinion, were any rules violated?

Yes If no, go to next question.

No

Drop down box for rules questions:

19a. Why do you think the rules were violated in this manner?

Comment field:

19b. Is this type of rule violation uncommon for you?

Comment field:

20. Can you think of any factors in your work environment that promotes or contributes to bending the rules?

- Yes
- No

Comment field:

21. 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: _____

21a. When were you certified/recertified? _____

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

- On-the-job (OJT)
- Classroom
- Simulator
- Some other type of training procedures (Describe)

Comment field:

23. Were there any changes at the incident location (tracks, switches, etc.)?

- Yes If yes, describe:
- No

Comment field:

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

- Yes If yes, describe:
- No

Comment field:

24a. What were the weather conditions at the time of the incident? (*Some typical responses could be: Clear, cloudy, light rain/snow, heavy rain/snow, hot, cold, fog, bright sunlight/moonlight, etc.*) Time of day: (*AM/PM and light/dark*).

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

- Yes If yes, describe:
 No

Comment field:

26. Was there any new technology involved with the incident?

- Yes If no, go to next question.
 No

Comment field:

26a. Do you feel that you were sufficiently familiar with equipment or new technology?

- Yes
 No(Describe)

26b. Were you provided any training on the equipment or new technology?

- Yes
 No

Comment field:

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

- Very safe
 Safe
 Slightly safe For slightly or not safe, below:
 Not safe

Comment field:

28. Was your immediate supervisor aware of the incident?

- Yes If no, go to next question.
 No

Comment field:

28a. In the context of this incident, did your immediate supervisor behave inappropriately in any way?

- Yes If yes, describe:
 No

Comment field:

29. Is there anything management/company should or could have done to prevent this incident?

- Yes If yes, describe what they should/could have done:
- No

Comment field:

30. Which of the following does your immediate supervisor use to monitor rules compliance? (The scribe should fill in based on the subject’s response. Some potential responses are listed below.)

- Efficiency testing
- Observations
- FTX
- Total Safety Culture
- Event recorder downloads
- Ride along
- Stop boards
- Other (Describe)

Comment field:

31. On a scale of 1 to 5, with 5 being “the best”, how do you rate your immediate supervisor with respect to the following knowledge, skill, and ability factors?

KSA factors	Ranking (1-5)	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		

32. What do you do when you see or become aware of an unsafe condition, practice or piece of equipment in your workplace? (*Check all that apply.*)

- C3RS
- Take care of it myself (including coaching other employees)
- Report it directly to a supervisor or manager
- Report to the TSC
- Make a report on the “Safety Hotline”
- Report the matter to my union representative
- Report the matter to the Safety Committee
- File an Unsafe Condition Report

Other (Describe)

Comment field:

33. When you have reported safety concerns, does management respond and effectively address your concerns?

- Yes If yes, go to next question.
 No

33a. Did management provide feedback on what would be done to address your safety concern?

- Yes If yes, how was feedback provided? _____
 No

Comment field:

34. 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:

35. How would you rate the effectiveness of communication processes for resolving safety concerns?

- Very effective
 Moderately effective
 Slightly effective For slightly or not effective, comment why below:
 Not effective

Comment field:

36. How would you describe the relationship between management and labor at your work location? (Ask for an explanation for why for each below.)

- Just
 Both
 Blame

Comment field:

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

37. In your opinion, what prevented this from becoming or causing a more serious incident?

38. Is there anything that could have been done differently to have prevented this incident?

39. 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)

- | | | | |
|--|----------|----------|----------|
| <input type="checkbox"/> The people (employees) directly involved in the incident | H | M | L |
| <input type="checkbox"/> Other employees | H | M | L |
| <input type="checkbox"/> Public Safety | H | M | L |
| <input type="checkbox"/> Damage to equipment and/or property | H | M | L |
| <input type="checkbox"/> The environment | H | M | L |

Comment field:

End of Interview