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

Annual Reporting Template

2013

Please use this reporting template to report State Safety Oversight (SSO) Program information for Calendar Year 2013. Please note that several ch made to the reporting template for CY 2013, 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 Please pay special attention to the instructions provided on each worksheet before completing the tables.

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

1. A copy of the SSO agency's 2013 Certification of Compliance with 49 CFR part 659.
2. A copy of the Program Standard and Procedures (if these documents were revised in 2013).
3. A copy of the 2013 Annual Reports and Chief Executive certifications received from each rail fixed guideway public transportation system (RFG jurisdiction.
4. A copy of the letter sent to each RFGPTS by the SSO agency approving their 2013 Annual Reports.
5. A copy of the internal safety audit reports, including the completed checklists used to perform the audits, conducted by each RFGPTS in 2013 (in the 2013 RFGPTS Annual Reports).
6. A copy of the SSO agency's Three-Year Review Report (if conducted in 2013).

Status: **Incomplete** **Reporting deadline:**

State Safety Oversight Program

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are provided within.

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(if not already included

5/9/2014

State Oversight and RFGPTS General Information

Please provide the address for your State Oversight Agency (SOA) and for the Rail Fixed Guideway Public Transportation Systems (RFGPTS jurisdiction.

State Oversight Agency

Agency Name	Street Address	City	State	Zip code

Rail Fixed Guideway Public Transportation System(s)

Please list any RFGPTS modal systems "in engineering" under your jurisdiction. Please provide the data related to the engineering status: eitl NEPA decision or the critieria used by the state to determine that the system is "in engineering."

Systems in Engineering

Rail Fixed Guideway Public Transportation System(s)	Project Name	Mode	NEPA Decision Date (if NEPA approved)	Criteria for Determination (if not NEPA approved)

Project Name

This is the name of the new modal system. For example: "DC Streetcar."

Mode

Please select the mode of the system in engineering.

NEPA Decision Date

If this project **has** completed the activities required under the National Environmental Policy Act of 1969, please provide the date of the NEPA decision.

Criteria for Determination

If this project **has not** completed the activities required under the National Environmental Policy Act of 1969, provide the criteria used for establishing engineering status.

Projected Revenue Operations Date

Please provide the projected revenue operations start date for the new system.

Status

Red status means the entry is **incomplete**, and does not include all required elements.
Green status means the entry is **complete**, and includes all required elements.

Requirements for this worksheet

All fields are required for existing agencies.

ss) under your

Phone Number	Status

	Status

her the date of the

Projected Revenue Operations Date	Status

State Oversight Agency Contact Information

Please provide the current contact information for the individuals responsible for State Safety Oversight activities at your agency. Please enter phone n

Contact Type	Sal.	First Name	Last Name	Title	Office Phone	Ext.	Cell Phone	Fax
SOA Primary								
SOA Alternate								
SOA Alternate								
SOA Alternate								
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.

First Year in SSO Program

This is the calendar year a contact began working in the SSO program.

Status
Red status means the entry is **incomplete**, and does not include all required elements.
Green status means the entry is **complete**, and includes all required elements.

Requirements for this worksheet
All fields are required except Phone Extension, Cell Phone number, and Fax number.

numbers without spaces or extra characters.

Email	First Year in SSO Program	Status

Rail Fixed Guideway Public Transportation System Contact Information

Please provide the contact information for each RFGPTS that your agency oversees.

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

Status
Red status means the entry is **incomplete**, and does not include all required elements.
Green status means the entry is **complete**, and includes all required elements.

Requirements for this worksheet
All fields are required except Address, Phone Extension, and Fax number.

Email	Status

State Oversight Agency Program Management

Please provide the following program management information for your agency.

Hours Devoted to the SSO Program in 2013 (§659.39(1))

SOA Employee Name (as entered in PM2)	Title	Hours Worked	Has this staff member's annual hours devoted to the SSO program increased or decreased since 2012?	Status

Use and payment of Contractors in 2013 (§659.39(1))

Contracted Duties	Contractor Hours	Contractor Costs	Has your budget for this contractor increased or decreased since 2012?	Status
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 2013:
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 2012?:
Please 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 2012?:
Please choose the appropriate selection in the drop-down box (increased, decreased, or same).

Status
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Green status means the entry is **complete**, and includes all required elements.

Requirements for this worksheet
All fields are required for SSO employees and contracted SSO hours.

State Oversight Agency Program Management Activities

Please provide the requested SOA program management information.

SOA Authority

Rail Fixed Guideway System	Does your State Oversight Agency		
	...conduct unannounced inspections?	...establish higher standards than Part 659?	...conduct inspections?

Internal SOA Coordination

Please identify how often the SOA Program Manager briefed his or her immediate supervisor regarding SSO program activities in CY 2013.	Frequency

Coordination with the RFGPTSs

Rail Fixed Guideway Public Transportation System	How many meetings did SOA personnel attended on-site each rail transit agency in CY 2013?		How many other personnel make This includes ob verification of CA assessment for h etc.

SOA Authority
Please select "yes" or "no" for each identified authority to report your agency's existing autho
has gained any additional authority since 2012.

Internal SOA Coordination
Please report how often the SSO Program Manager briefed his or her supervisor regarding t
drop-down menu. Also report how often the SSO Program Manager briefed Executive Mana

Coordination with RFGPTSs
For each overseen RFGPTS, please provide 1) the number of on-site meetings SOA staff at
and 3) the number of meetings between SOA staff and RFGPTS Executive Leadership in C

Status
Red status means the entry is **incomplete**, and does not include all required elements.
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Requirements for this worksheet
All fields are required for each RFGPTS except column I, Description, which is only required

' have the authority to…			Has your agency secured any new authority since 2012?		
...issue emergency orders?	...fine an RFGPTS?	...shutdown service?	Yes/No	Description	Status

Please describe how often the SOA Program Manager briefed Executive Leadership within the SSO agency in CY 2013.	Frequency	Status

field visits did SOA to each RFGPTS in 2013? servation of work practices, AP implementation, field hazard management program,		How many times did the SOA Program Manager meet with Executive Leadership at each rail transit agency in CY 2013?		Status

ority over each overseen RFGPTS. Also, please identify if your agency

the SSO Program in CY 2013 by selecting an option from the "Frequency"
agement within the SSO Agency in CY 2013.

tended at the RFGPTS, 2) the number of other field visits made by SOA staff, Y 2013.
if authorities changed from 2012 to 2013.

Program Documentation

Please provide the following SSO documentation information for your SOA and each RFGPTS overseen. Please submit to FTA a copy of your Program Standard and Procedures if these documents were revised in 2013.

State Oversight Agency

SOA (§659.39(3))	Document	Version Date	Submitted to FTA?	Status
	Program Standard			
	Program Procedures*			* if maintained in a separate document
	SOA Incident Investigation Procedures*			* if SOA maintains its own procedures

Rail Fixed Guideway Public Transportation Systems (§659.39(4))	Document	Version Date	RFGPTS Conducted Annual Review?	SOA Approved?	Approval Letter Submitted to FTA?
	SSPP				
	Security Plan				
	RFGPTS Incident Investigation Procedures				
	SSPP				
	Security Plan				
	RFGPTS Incident Investigation Procedures				
	SSPP				
	Security Plan				
	RFGPTS Incident Investigation Procedures				
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	SSPP				
	Security Plan				
	RFGPTS Incident Investigation Procedures				
	SSPP				
	Security Plan				
	RFGPTS Incident Investigation Procedures				

RFGPTS Conducted Annual Review?
Part 659.25 requires the RFGPTS to conduct an annual review of its SSPP and Security Plan for needed modifications. Please enter "yes" or "no" indicating whether or not each RFGPTS 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 RFGPTS overseen.

Rail Fixed Guideway System	FRA waiver(s) in place?	Waiver Docket No. (if FRA waiver)

FRA waiver(s) in place?
For each RFGPTS, please indicate whether or not there is an FRA waiver in place for shared
"no" from the drop-down menu. If one or more waiver is in place, please provide the docket n

Has the SOA participated in an FRA inspection or review at this RFGPTS?
Use the "yes"/"no" drop-down menu to report whether or not the SOA has participated in an F

Status
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Requirements for this worksheet
A "yes" or "no" response is required in column B for all agencies, and all other entries are requ

Expiration Date (if FRA waiver)	Has the SOA participated in an FRA inspection or review at this RFGPTS?		
	Y/N (if FRA waiver)	Date (if <- Yes)	Status

track or shared corridor arrangements by selecting "yes" or
umber and the expiration date of each waiver.

RA review or inspection at this RFGPTS.

uired if there are FRA waivers in place.

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 Training 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 Manage

	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 RFGPTSs

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

SOA Employee Name	Date	RFGPTS	Course Name

SSO Program Manager Training Curriculum: Tiers I, II and III
Please identify each SOA employee that has completed SSO Program Manager Training Curricu
taken. Classes are divided into the three tiers of the SSO Program Manager Training Curriculun

Additional Recommended Training
Please provide information about any SOA employees that have taken the identified training cou
Curriculum. Please identify the month and year that each class was taken.

Training at the RFGPTSs
Please select any SOA employees that have received training at an RFGPTS. Also provide the

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

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

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

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

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

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

ulum classes provided by TSI and provide the month and year that each class was
n.

urses recommended by FTA through the SSO Program Manager Training

date, RFGPTS, and course name for all such training.

ficate 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 RFGPTS. If the S
Review in 2013, please submit a copy of the final report to FTA with this template.

Three-Year Safety Reviews (§659.29)

Rail Fixed Guideway Public Transportation System	Date of Last Three-Year Review	Length of Review (days)	Contractor Used?	Report Date	SSPP Update Necessary?	Date of Next Review

Three-Year Security Reviews (§659.29)

Rail Fixed Guideway Public Transportation System	Date of Last Three-Year Review	Length of Review (days)	Contractor Used?	Report Date	Security Plan Update Necessary?	Date of Next Review

Date of Last Three-Year Review
Part 659.29 requires SOAs to conduct an onsite review of the RFGPTS's implementation of its SSPP and Security Plan at least every
the date of the last Three-Year review of each RFGPTS 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 da

SSPP/Security Plan Update Necessary?
Part 659.29 requires the report to analyze the effectiveness of the RFGPTS SSPP and Security Plan and to determine whether or not
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.

Status
Red status means the entry is **incomplete**, and does not include all required elements.
Green status means the entry is **complete**, and includes all required elements.

Incident Reporting Instructions

Refer to the following information when reporting incidents on the following worksheet.
Please note there are new clarifications included.

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 (2) 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.

Incident Reporting Clarifications

1)	***Evacuation due to life safety reasons***	A life safety event is one that presents an imminent danger to ALL people in or on transit property. This includes evacuations of transit vehicles and transit property, such as stations. The evacuation may be due to the presence of smoke, fuel fumes, suspicious package, bomb threat, etc.
2)	***Fire***	A conflagration in or on transit property that meets a reportable incident threshold and was suppressed in some manner." Events that did not require flame suppression (perhaps the presence of smoke or odor only) but still meet a threshold are reported as "Other" incidents.
3)	***Yard Derailment***	Report yard derailments that meet a threshold as a "Derailment" with a Location of "Yard".
4)	***Collision with Person vs. Fall (Other)***	A rail transit vehicle in motion that collides with a person, or a person who collides with a transit vehicle in motion is reported as a collision. A person who collides with a rail transit vehicle that is not in motion is reported as an "Other" incident.
5)	***Injury***	Definition: "An individual transported immediately from the incident scene to a hospital or physician's office by an emergency vehicle, by passenger vehicle, or through other means of transport." The SSO threshold is two or more injuries.

SSO Internal Incident ID No.

Please provide the *unique* number or code that the state oversight agency uses to track each incident as part of its internal tracking system.

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. ***Report suicides or trespassing-related collisions not occurring at a grade crossing as "Collision (non-Rail Grade Crossing)" with a probable cause of "suicide" or "trespasser" as applicable.***
2)	***Rail Grade Crossing Collision***	Includes train to train, train to vehicle, train to object, and train to individual collisions that OCCUR at rail grade crossings. For mixed traffic environments, please report ONLY collisions that occur at street intersections. ***Report suicides or trespassing-related collisions occurring at a grade crossing as "Rail Grade Crossing Collision" with a probable cause of "suicide" or "trespasser" as applicable.***
3)	***Derailment***	Includes all derailments. However, derailments resulting from a collision should be reported as a collision. The derailment category includes the derailments of both revenue and maintenance vehicles. Yard derailments are reported as long as the incident meets another threshold (injury, property damage, etc.).
4)	***Fire***	Includes fires that cause at least $25,000 in property damage, two or more injuries, one or more fatalities, or cause an evacuation of a vehicle or a station for life safety reasons.
5)	***Other***	Includes 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).

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 (person not transported) or fatalities were experienced for a specific event, you must enter "0" in the appropriate cell.

1)	***Passenger***	Individual on-board a rail transit vehicle, boarding or alighting a rail transit vehicle. This includes individuals riding between the cars of a train.
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, and trespassers. (Please note suicide and attempted suicide individuals are no longer automatically reported as "Public" but as the appropriate choice.)
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 estimated property damage greater than or equal to $25,000. Property damage estimates should include damage to both transit and non-transit property.

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 incident's probable cause. Probable cause is divided into eleven categories:

Equipment Failure	***1)***	***Equipment Failure***	System component failure
Workforce Behavior	***2)***	***Poor Maintenance***	System not properly maintained
	3)	***Operating Rule Violation/ Human Factor***	Employee error or organizational issue
Customer Behavior	***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, found deceased
Public Behavior	***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

Description and Comments or Additional Info

Please include a clear description of the incident. You may also include additional comments or information.

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. These CAPs will be reported on the CAP log.

Status

Red status means the entry is **incomplete**, and does not include all required elements.
Green status means the entry is **complete**, and includes all required elements.

Requirements for this worksheet

All fields are required for each incident, except column G, Collision With, is only required for Collision incidents.

Incident Investigation and Reporting

Please provide information regarding all incidents meeting the thresholds established in §659

Rail Fixed Guideway Public Transportation System	SSO Internal Tracking No. (must be unique)	Date	Time (hh:mm AM/PM)	Mode	Incident Type

9.33. Incident Thresholds and specific reporting instructions are provided on the previous w

Collision With (only if Collision)	Incident Location	Received Notification Within 2 Hours? (§659.33(3))	Fatalities (§659.33(a)(1)) (if none, report 0)					Injuries (§659
			Passenger	Patron	Public	Worker	Total	Passenger

orksheet.

.33(a)(2)) (if none, report 0)				Est. Property Damage (§659.33(a)(3))	Investigation Conducted By (§659.35(a))	Investigation Report Adopted by SOA? (§659.35(e))	Probable Cause (§659.35(d))
Patron	Public	Worker	Total				

Description and Comments or Additional Info (at least 15 characters required)	Corrective Action Plan Developed? (§659.35(d))	Status

Corrective Action Plan Reporting Instructions

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

What CAPs should be included?

All CAPs developed in CY 2013 and any CAPs developed in previous years that remain open.

Source

Please select the source of the CAP:

1) Incident Investigation	CAPs resulting from the occurrence and investigation of an incident, identified in column C by the incident's unique ID.
2) Hazard Management	CAPs resulting from the resolution of hazards, identified in the 'Hazard Management' sheet in column F by the CAP's unique ID.
3) ISAP	CAPs resulting from Internal Safety Audit Programs, as conducted by Rail Transit Agencies.
4) Three-Year Review	CAPs resulting from SSO Three-Year Reviews, as conducted by State Oversight Agencies.
5) Other (describe in comments)	All other CAPs, please describe in comments and descriptions in column E, the 'Identified Action' column.

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 State Oversight Agency (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 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.

Department Responsible for Implementation

Part 659.37(b) requires all corrective action plans to include the agency department responsible for implementation. Please provide the responsible department'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.

Implementation Verified?

Part 659.37(f)(1) requires the RFGPTS 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 RFGPTS from closing the CAP.

Status

Red status means the entry is **incomplete**, and does not include all required elements.
Green status means the entry is **complete**, and includes all required elements.

Requirements for this worksheet

All fields are required for each except, except columns G (implementation date) and J (Implementation verified), which are required for Closed CAPs. Column K, Issues preventing resolution, is only required for Open CAPs, and Column L, Incident ID, which is only required for CAPs resulting from an incident.

Corrective Action Plans (CAP)

Please provide information regarding each CAP developed in 2013 and all other CAPs reported as open in 2013.
Specific instructions for completing this worksheet are provided on the previous worksheet.

Rail Fixed Guideway Public Transportation System	Source	CAP Internal Tracking ID (must be unique)	Identified Action (§659.37(b)) (add 'Other' comments here)	SOA Approved? (§659.37(c))	Proposed Implementation Date (§659.37(b))	Actual Implementation Date (§659.37(b)) (for Closed CAPs only)	Individual Responsible for Implementation (§659.37(b))	Department Responsible for Implementation (§659.37(b))	CAP Status	Implementation Verified? (§659.37(f)(1)) (for Closed CAPs only)	Issues Preventing Resolution (for Open CAPs only)	SSO Internal Incident ID No.* (if any)	Status

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 RFGPTS Hazard Management Programs.

Probable Cause

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

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 hazard. Specific CAP-related data will be collected on the CAPs tab.

CAP Internal ID

If a Corrective Action Plan has been developed, please provide the CAP ID.

Status

Red status means the entry is **incomplete**, and does not include all required elements.
Green status means the entry is **complete**, and includes all required elements.

Requirements for this worksheet

All fields are required for each Hazard except column F, CAP ID, which is only required for Hazards resulting in a CAP.

Hazard Management Process - Hazard Tracking

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

Rail Transit Agency	Hazard Internal Tracking ID (must be unique)	Hazard Reported (§659.31(5)) (add 'Other' comments here)	Probable Cause	Corrective Action Plan Developed? (§659.35(d))	SSO Internal CAP ID No.* (if any)	Status