**Public Transportation Agency Safety Plan** **Template for Bus Transit**

 OMB CONTROL NUNIBER: 2132-0580

EXPIRATION DATE: mm/dd/yyyy

**PAPERWORK REDUCTION ACT BURDEN STATEMENT**

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*Version 1, issued 00/00/18*

The Federal Transit Administration (FTA) is providing the Public Transportation Agency Safety Plan Template for Bus Transit and accompanying Reference Guide to assist with the development of a Public Transportation Agency Safety Plan (Safety Plan) for bus transit modes. Use of this template is voluntary. The template and reference guide are intended for use by States and operators of public transportation systems that are required to draft a Safety Plan in accordance with 49 CFR Part 673 (Part 673). The full text of Part 673 is available at <http://www.transit.dot.gov/PTASP>.

Certain requirements in Part 673 do not apply to small public transportation providers[[1]](#footnote-2). The relevant sections in this template are noted in red to indicate where requirements differ. Transit operators that are subject to Part 673 may choose to include additional sections beyond what is required in Part 673.

Under Part 673, a transit agency is required to maintain documents that describe its Safety Plan, including those related to implementation and results from processes and activities. Also, a transit operator may have existing documentation that describes processes, procedures, and other information required in Part 673. You may reference these documents in your Safety Plan by specifying the document names and locations within the appropriate sections of the plan.

# Transit Agency Information

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| Transit Agency Name |       |
| Transit Agency Address |       |
| Name and Title of Accountable Executive |       |
| **Name of Chief Safety Officer or SMS Executive** |       |
| Mode(s) of Service Covered by This Plan |       | **List All FTA Funding Types (e.g., 5307, 5310, 5311)** |       |
| Mode(s) of Service Provided by the Transit Agency (Directly operated or contracted service) |       |
| Does the agency provide transit services on behalf of another transit agency or entity? | Yes[ ]  | No[ ]  | Description of Arrangement(s) |       |
| Name and Address of Transit Agency(ies) or Entity(ies) for Which Service Is Provided |       |

#  Plan Development, Approval, and Updates

|  |  |
| --- | --- |
| Name of Entity That Drafted This Plan |       |
| Signature by the Accountable Executive | Signature of Accountable Executive | Date of Signature |
|       |       |
| **Approval by the Board of Directors or an Equivalent Authority** | Name of Individual/Entity That Approved This Plan | Date of Approval |
|       |       |
| Relevant Documentation (title and location) |
|       |
| **Certification of Compliance** | **Name of Individual/Entity That Certified This Plan** | Date of Certification |
|       |       |
| Relevant Documentation (title and location) |
|       |

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| Version Number and UpdatesRecord the complete history of successive versions of this plan. |
| Version Number | Section/Pages Affected | Reason for Change | Date Issued |
|       |       |       |       |
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| **Annual Review and Update of the Public Transportation Agency Safety Plan**Describe the process and timeline for conducting an annual review and update of the Public Transportation Agency Safety Plan. |
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# Safety Performance Targets

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| **Safety Performance Targets**Specify performance targets based on the safety performance measures established under the National Public Transportation Safety Plan. |
| Mode of Transit Service | Fatalities | Injuries | Safety Events | System Reliability | Other | Other | Other |
|  |       |       |       |       |       |       |       |
|  |       |       |       |       |       |       |       |

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| **Safety Performance Target Coordination**Describe the coordination with the State and Metropolitan Planning Organization(s) (MPO) in the selection of State and MPO safety performance targets. |
|       |
| Targets Transmitted to the State | State Entity Name | Date Targets Transmitted |
|       |       |
| **Targets Transmitted to the Metropolitan Planning Organization(s)**  | Metropolitan Planning Organization Name | Date Targets Transmitted |
|       |       |
|       |       |

#  Safety Management Policy

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| **Safety Management Policy Statement**Include the written statement of safety management policy, incorporating safety objectives. |
|       |
| **Safety Management Policy Communication**Describe how the safety management policy is communicated throughout the agency’s organization. Include dates where applicable. |
|       |
| **Authorities, Accountabilities, and Responsibilities***Describe the authorities, accountabilities, and responsibilities of the following individuals for the development and management of the transit agency’s Safety Management System (SMS).* |
| **Accountable Executive** |       |
| **Chief Safety Officer or SMS Executive** |       |
| **Agency Leadership and Executive Management** |       |
| **Key Staff** |       |
| **Employee Safety Reporting Program***Describe the process and protections for employees to report safety conditions to senior management. Describe employee behaviors that may result in disciplinary action (and therefore, are excluded from protection).* |
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# Safety Risk Management

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| **Safety Risk Management Process***Describe the Safety Risk Management process, including:** *Safety Hazard Identification: The methods or processes to identify hazards and consequences of the hazards.*
* *Safety Risk Assessment: The methods or processes to assess the safety risks associated with identified safety hazards.*
* *Safety Risk Mitigation: The methods or processes to identify mitigations or strategies necessary as a result of safety risk assessment.*
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# Safety Assurance

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| **Safety Performance Monitoring and Measurement** |
| Describe activities to monitor the system for compliance with procedures for operations and maintenance. |
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| Describe activities to monitor operations to identify any safety risk mitigations that may be ineffective, inappropriate, or were not implemented as intended. |
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| Describe activities to conduct investigations of safety events to identify causal factors. |
|       |
| Describe activities to monitor information reported through internal safety reporting programs. |
|       |
| **Management of Change (Not Required for Small Public Transportation Providers)**Describe the process for identifying and assessing changes that may introduce new hazards or impact safety performance. |
|       |
| **Continuous Improvement (Not Required for Small Public Transportation Providers)**Describe the process for assessing safety performance. Describe the process for developing and carrying out plans to address identified safety deficiencies. |
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# Safety Promotion

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| **Competencies and Training**Describe the safety training program for all agency employees and contractors directly responsible for safety. |
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| **Safety Communication***Describe processes and activities to communicate safety and safety performance information throughout the organization.* |
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# Additional Information

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| **Supporting Documentation***Include or reference documentation used to implement and carry out the Safety Plan that are not included elsewhere in this Plan.* |
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# Definitions of Special Terms Used in the Safety Plan

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| --- | --- |
| **Term** | **Definition** |
|       |       |
|       |       |

# List of Acronyms Used in the Safety Plan

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| --- | --- |
| Acronym  | Word or Phrase |
|       |       |
|       |       |

1. A small public transportation provider is a recipient or subrecipient of Federal financial assistance under 49 U.S.C. § 5307 that has one hundred (100) or fewer vehicles in peak revenue service and does not operate a rail fixed guideway public transportation system. 49 CFR § 673.5. [↑](#footnote-ref-2)