

NASA C3RS

<https://c3rs.arc.nasa.gov/report/electronic.html>



CONFIDENTIAL CLOSE CALL
REPORTING SYSTEM



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Welcome to the NASA Confidential Close Call Reporting System!

The Confidential Close Call Reporting System (C³RS) is a partnership between the National Aeronautics and Space Administration (NASA), the Federal Railroad Administration (FRA), in conjunction with participating railroad carriers and labor organizations. The program is designed to improve railroad safety by collecting and analyzing reports which describe unsafe conditions and events in the railroad industry. Employees will be able to report safety issues or "close calls" voluntarily and confidentially.

Learn More

Learn about the Confidential Close Call Reporting System, such as program policies and report processing method.

▶ [Read more](#)



Report to C³RS

File your close call event today!

- ▶ [Electronic Report Submission \(ERS\)](#)
- ▶ [Download and Print for US Mail](#)



To report electronically, select a C³RS Report Form:

▶ Transportation Report Form	e.g. Conductor, Dispatcher, Engineer *
▶ Mechanical Report Form	e.g. Carman, Laborer, Machinist, Pipe Fitter *
▶ Engineering Report Form	e.g. Signal Maintainer, Track Inspector, Track Supervisor *

*Refer to form for full list of selections

4 Steps to Report Electronically

1. **Review the ERS Frequently Asked Questions (FAQ).** Browser settings are in the [ERS FAQ](#) and are important to the success of your report submission. Be sure your computer is secure and clear of vulnerabilities (see [Online Security Tips](#)).
2. Click on the button above for the appropriate electronic C³RS form.
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C3RS TRANSPORTATION FORM

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IDENTIFICATION STRIP: Please fill in all blanks to ensure return of ID strip to you. NO RECORD WILL BE KEPT OF YOUR IDENTITY.

<p>TYPE OF EVENT / SITUATION</p> <input style="width: 95%;" type="text"/> <p>INVOLVED CO-WORKERS</p> <input style="width: 95%;" type="text"/> <p>TELEPHONE NUMBERS where we may reach you for further details of this occurrence.</p> <p>Primary <input style="width: 60px;" type="text"/> Hours <input style="width: 60px;" type="text"/> <input type="radio"/> H <input type="radio"/> M <input type="radio"/> W</p> <p>Alternate <input style="width: 60px;" type="text"/> Hours <input style="width: 60px;" type="text"/> <input type="radio"/> H <input type="radio"/> M <input type="radio"/> W</p> <p>NAME <small>(required)</small> <input style="width: 95%;" type="text"/></p> <p>ADDRESS/PO BOX <small>(required)</small> <input style="width: 95%;" type="text"/></p> <p>ADDRESS LINE 2 <input style="width: 95%;" type="text"/></p> <p>CITY <small>(required)</small> <input style="width: 60px;" type="text"/> STATE <input style="width: 40px;" type="text"/> ZIP <small>(required)</small> <input style="width: 60px;" type="text"/></p>	<p>EVENT LOCATION</p> <p>Subdivision <input style="width: 95%;" type="text"/></p> <p>Facility <input style="width: 95%;" type="text"/></p> <p>Milepost <input style="width: 60px;" type="text"/> State <input style="width: 40px;" type="text"/></p> <p>Nearest Station <input style="width: 95%;" type="text"/></p> <p>CARRIER / RAILROAD</p> <p><small>(required)</small> <input style="width: 95%;" type="text"/></p> <p>DATE OF OCCURRENCE (MM/DD/YYYY)</p> <p><input style="width: 60px;" type="text"/>/ <input style="width: 60px;" type="text"/>/ <input style="width: 60px;" type="text"/></p> <p>LOCAL TIME (24 HR. CLOCK) (HH:MM)</p> <p><input style="width: 60px;" type="text"/>: <input style="width: 60px;" type="text"/></p>
---	---

PLEASE FILL IN APPROPRIATE SPACES AND CHECK ALL ITEMS WHICH APPLY TO THIS EVENT OR SITUATION.

REPORTER			
<input type="checkbox"/> Engineer	<input type="checkbox"/> Brakeman	<input type="checkbox"/> Dispatcher	<input type="checkbox"/> Other: <input style="width: 80px;" type="text"/>
<input type="checkbox"/> Assistant Engineer	<input type="checkbox"/> RCL Operator	<input type="checkbox"/> On Board Service	
<input type="checkbox"/> Conductor	<input type="checkbox"/> Yardmaster	<input type="checkbox"/> Foreman	
<input type="checkbox"/> Assistant Conductor	<input type="checkbox"/> Hostler (Outside)	<input type="checkbox"/> Trainee	

REPORTER EXPERIENCE	SHIFT DURING EVENT Reset	REPORTER LOCATION Reset	
Railroad Years: <input style="width: 40px;" type="text"/> yrs	At time of incident, were you on: <input type="radio"/> Regular Start Time Job <input type="radio"/> Unassigned (Pool Turn) <input type="radio"/> Extra Board <input type="radio"/> Other: <input style="width: 80px;" type="text"/>	Locomotive: <input type="radio"/> Cab <input type="radio"/> Walkway / Steps <input type="radio"/> Adjacent to track / on ground <input type="radio"/> Dispatch Center <input type="radio"/> Station Platform <input type="radio"/> Yard Control Center <input type="radio"/> Other: <input style="width: 80px;" type="text"/>	Train Car: <input type="radio"/> Car <input type="radio"/> Vestibule
CREW SIZE	Crew Size: <input style="width: 60px;" type="text"/>	Hours into Shift <input style="width: 60px;" type="text"/> hrs	

WEATHER	LIGHT / VISIBILITY
<input type="checkbox"/> Clear <input type="checkbox"/> Ice <input type="checkbox"/> Wind <input type="checkbox"/> Fog <input type="checkbox"/> Rain <input type="checkbox"/> Haze / Smoke <input type="checkbox"/> Hail <input type="checkbox"/> Snow <input type="checkbox"/> Thunderstorm / Lightning <input type="checkbox"/> Other: <input style="width: 80px;" type="text"/>	Light: (Select Light) ▾ <input type="checkbox"/> Reduced Visibility <input style="width: 60px;" type="text"/> car lengths

TRAIN Reset		
Type of Operation <input type="checkbox"/> Passenger / Commuter <input type="checkbox"/> Freight	<input type="checkbox"/> Yard Assignment <input type="checkbox"/> Other: <input style="width: 80px;" type="text"/>	<input type="radio"/> Shoving <input type="radio"/> Pulling <input type="radio"/> Push / Pull (Passenger)

Equipment**C3RS - Transportation Report Form**Controlling Loco. Make / Model Total Head End # Remote Control Yes NoControl Stand Type # of Helpers Distributed Power Yes No**Passenger**# of Cars # In Service Cab Car Controlling Yes No**Freight**Loads Tons Unit Train Mixed Freight
Empties Length feet Intermodal Train Other: **Train Location** Main Track Yard Passenger Station Industry Other: **Rules in Effect -** Centralized traffic control Yard limits Automatic block signals
Methods of Interlocking Other than main track rules Automatic cab signals
Operation Track warrant control Positive train control Automatic train stop
(check all that apply) Direct traffic control Dark Territory (Non-ABS) Other: **Operating Rules** GCOR NORAC
 Other: Were job / safety briefings completed? Yes No**Train Activity** Predeparture Arrival Passenger boarding / disembarking
 Departure Switching in yard Freight loading / unloading
 Enroute Hold (meet, MOW, yard, etc.) Other:

IF MORE THAN ONE TRAIN WAS INVOLVED, PLEASE DESCRIBE THE ADDITIONAL TRAIN IN THE "DESCRIBE EVENT / SITUATION" SECTION.

DESCRIBE EVENT / SITUATION

Keeping in mind the topics shown below, discuss those which you feel are relevant and anything else you think is important. Include what you believe really caused the problem, and what can be done to prevent a recurrence, or correct the situation.

(required) Who, What, Where, When, Why?

CHAIN OF EVENTS

- How the problem arose
- Contributing factors
- How it was discovered
- Corrective actions

HUMAN PERFORMANCE CONSIDERATIONS

- Perceptions, judgments, decisions
- Factors affecting the quality of human performance
- Actions or inactions

Reset Form

View Printable Format

Submit Report

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The C³RS website at <http://c3rs.arc.nasa.gov> Describe Event ins: download, complete form, print, enclose in a sealed envelope, affix proper postage, and mail directly to us or submit your report through a secure, electronic submission (ERS) process.

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C3RS MECHANICAL FORM

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TYPE OF EVENT / SITUATION

EVENT LOCATION

Subdivision

INVOLVED CO-WORKERS

Facility

TELEPHONE NUMBERS where we may reach you for further details of this occurrence.

Primary Hours H M W
 Alternate Hours H M W

Milepost State

Nearest Station

NAME (required)

CARRIER / RAILROAD (required)

ADDRESS/PO BOX (required)

DATE OF OCCURRENCE (MM/DD/YYYY)

ADDRESS LINE 2

CITY (required) STATE ZIP (required)

LOCAL TIME (24 HR. CLOCK) (HH:MM)

PLEASE FILL IN APPROPRIATE SPACES AND CHECK ALL ITEMS WHICH APPLY TO THIS EVENT OR SITUATION.

REPORTER

Boiler Maker Foreman Machinist Trainee
 Carman Hostler (Inside) Manager Other:
 Electrician Laborer Pipe Fitter

CERTIFICATION

Air Brake Inspections Freight Car Inspection Rear End Marker / EOT
 Blue Signal Protection Locomotive Engineer Certification Safety Appliances
 Conductor Certification Locomotive Inspection Other:
 FRA Glazing Passenger Car Inspection

REPORTER EXPERIENCE

SHIFT DURING EVENT

REPORTER LOCATION

Railroad Years: yrs

Years in Craft: yrs

WORK GROUP SIZE

Work Group Size:

At time of incident, were you on:

Assigned Shift
 Overtime Duty
 Emergency Duty
 Other:

Hours into Shift: hrs

Yard Shop Other Track

Adjacent to track / on ground
 Office / Crew Facility
 On / under / between Motive Power
 On / under / between Rolling Equipment
 Station Platform
 Other:

WEATHER

LIGHT / VISIBILITY

Clear Ice Wind
 Fog Rain Haze / Smoke
 Hail Snow Thunderstorm / Lightning
 Other:

Outdoors: (Select Outdoors) ↓

Work Area Lighting: (Select Area Lighting) ↓

Reduced Visibility feet

ACTIVITY

Blocking / Jacking / Rerailing Installation Scheduled Maintenance
 Documentation Operating Vehicle / Equipment Testing
 Inspection Repair / Replace Other:

Were job / safety briefings completed? Yes No

EQUIPMENT

Locomotives Total Head End # Remote Control Yes No
 Locomotive Make / Model Distributed Power Yes No
 Position in Train

Passenger	# of Cars <input type="text"/>	# In Service <input type="text"/>	Cab Car Controlling <input type="radio"/> Yes <input type="radio"/> No	
Freight	Loads <input type="text"/>	Empties <input type="text"/>	Tons <input type="text"/>	Length <input type="text"/> feet
Status	Records complete <input type="radio"/> Yes <input type="radio"/> No	Released for Service <input type="radio"/> Yes <input type="radio"/> No	Required / correct documents on board <input type="radio"/> Yes <input type="radio"/> No	
	Maintenance deferred <input type="radio"/> Yes <input type="radio"/> No	Moving for repair <input type="radio"/> Yes <input type="radio"/> No		
Type	<input type="radio"/> Passenger / Commuter <input type="radio"/> Freight <input type="radio"/> Other: <input type="text"/>		Involved Car Kind: <input type="text"/>	
Location	<input type="checkbox"/> Main Track	<input type="checkbox"/> Passenger Station	<input type="checkbox"/> Repair Facility	
	<input type="checkbox"/> Yard	<input type="checkbox"/> Industry	<input type="checkbox"/> Other: <input type="text"/>	
Operating Rules	<input type="radio"/> GCOR	<input type="radio"/> NORAC	<input type="radio"/> Other: <input type="text"/>	
			Blue Signal Protection <input type="radio"/> Yes <input type="radio"/> No	
IF MORE THAN ONE EQUIPMENT WAS INVOLVED, PLEASE DESCRIBE ADDITIONAL EQUIPMENT IN THE "DESCRIBE EVENT / SITUATION" SECTION.				
DESCRIBE EVENT / SITUATION				
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(required) Who, What, Where, When, Why?				
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NASA ARC 277G (September 2013)		C3RS MECHANICAL FORM		v1.6.0
Reset Form		View Printable Format		Submit Report

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TYPE OF EVENT / SITUATION

INVOLVED CO-WORKERS

TELEPHONE NUMBERS where we may reach you for further details of this occurrence.

Primary Hours H M W
XXX-XXX-XXXX
Alternate Hours H M W

EVENT LOCATION

Subdivision

Facility

Milepost State

Nearest Station

NAME (required)

CARRIER / RAILROAD (required)

ADDRESS/PO BOX (required)

DATE OF OCCURRENCE (MM/DD/YYYY)
 MM/DD/YYYY

ADDRESS LINE 2

LOCAL TIME (24 HR. CLOCK) (HH:MM)
 HH:MM

CITY (required) STATE ZIP (required)

PLEASE FILL IN APPROPRIATE SPACES AND CHECK ALL ITEMS WHICH APPLY TO THIS EVENT OR SITUATION.

REPORTER

- | | | | |
|--|--|---|--|
| <input type="radio"/> Buildings & Bridges | <input type="radio"/> Carpenter | <input type="radio"/> Lineman | <input type="radio"/> Signalman |
| <input type="radio"/> Maintenance of Way | <input type="radio"/> CDL Vehicle Operator | <input type="radio"/> Machine Operator | <input type="radio"/> Technician |
| <input type="radio"/> Signal & Train Control | <input type="radio"/> Crane Operator | <input type="radio"/> Mechanic | <input type="radio"/> Track Supervisor / Inspector |
| <input type="radio"/> Telecommunications | <input type="radio"/> Electrician | <input type="radio"/> Plumber | <input type="radio"/> Trainee |
| | <input type="radio"/> Foreman | <input type="radio"/> Signal Inspector / Tester | <input type="radio"/> Other: <input type="text"/> |
| | <input type="radio"/> Laborer | <input type="radio"/> Signal Maintainer | |

REPORTER EXPERIENCE

Railroad Years: yrs

Years in Craft: yrs

WORK GROUP SIZE

Work Group Size:

SHIFT DURING EVENT

At time of incident, were you on:

- Assigned Shift
 Overtime Duty
 Emergency Duty
 Other:

Hours into Shift hrs

REPORTER LOCATION

- Yard Main Track
 Shop Other Track

- Adjacent to track / on ground
 Office / Crew Facility
 On Track Equipment
 Station Platform
 Other:

WEATHER

- Clear Ice Wind
 Fog Rain Haze / Smoke
 Hail Snow Thunderstorm / Lightning
 Other:

LIGHT / VISIBILITY

Outdoors: (Select Outdoors)

Work Area Lighting: (Select Area Lighting)

Reduced Visibility feet

ACTIVITY

- | | | |
|---|--|--|
| <input type="checkbox"/> Blocking / Jacking / Rerailing | <input type="checkbox"/> Installation | <input type="checkbox"/> Testing |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Operating Vehicle / Equipment | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Documentation | <input type="checkbox"/> Repair / Replace | |
| <input type="checkbox"/> Inspection | <input type="checkbox"/> Scheduled Maintenance | |

EQUIPMENT		Reset	
Type	<input type="checkbox"/> Crane <input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Off Track Equipment <input type="checkbox"/> On Track Equipment	<input type="checkbox"/> Portable / Hand Tools <input type="checkbox"/> Other: <input type="text"/>
Location	<input type="checkbox"/> Yard <input type="checkbox"/> Shop	<input type="checkbox"/> Main Track <input type="checkbox"/> Other Track	<input type="checkbox"/> Public Roadway <input type="checkbox"/> Adjacent to track <input type="checkbox"/> Other: <input type="text"/>
Operating Rules	<input type="radio"/> MOW Rules	<input type="radio"/> GCOR	<input type="radio"/> NORAC <input type="radio"/> Other: <input type="text"/>
Rules in Effect -	<input type="checkbox"/> Centralized traffic control	<input type="checkbox"/> Other than main track rules	<input type="checkbox"/> Automatic train stop
Methods of	<input type="checkbox"/> Interlocking	<input type="checkbox"/> Positive train control	<input type="checkbox"/> Camp Car Protection
Operation	<input type="checkbox"/> Track warrant control (check all that apply) <input type="checkbox"/> Direct traffic control <input type="checkbox"/> Yard limits	<input type="checkbox"/> Dark Territory (Non-ABS) <input type="checkbox"/> Automatic block signals <input type="checkbox"/> Automatic cab signals	<input type="checkbox"/> Roadway Worker Protection <input type="checkbox"/> Other: <input type="text"/>
IF MORE THAN ONE EQUIPMENT WAS INVOLVED, PLEASE DESCRIBE ADDITIONAL EQUIPMENT IN THE "DESCRIBE EVENT / SITUATION" SECTION.			
DESCRIBE EVENT / SITUATION			
Keeping in mind the topics shown below, discuss those which you feel are relevant and anything else you think is important. Include what you believe really caused the problem, and what can be done to prevent a recurrence, or correct the situation.			
(required) Who, What, Where, When, Why? <div style="border: 1px solid black; width: 100%; height: 100%;"></div>			
CHAIN OF EVENTS - How the problem arose - Contributing factors		HUMAN PERFORMANCE CONSIDERATIONS - How it was discovered - Corrective actions - Perceptions, judgments, decisions - Factors affecting the quality of human performance - Actions or inactions	
NASA ARC 277H (September 2013)		C3RS ENGINEERING FORM	
		v1.6.0	
Reset Form		View Printable Format	
Submit Report			

From the NASA Confidential Close Call Rail Reporting System:

NASA, through agreements with the Federal Railroad Administration, is managing, operating, and accepting reports for the Railroad Confidential Close Call Reporting System (C³RS). The C³RS is expected to identify issues in the railroad system that could be addressed to provide improvements in safety. Your assistance in informing us about such issues is essential to the success of the project. Please fill out this form as completely as possible. The paper form is pre-addressed and postage paid.

The C³RS website at <http://c3rs.arc.nasa.gov> provides two options: download, complete form, print, enclose in a sealed envelope, affix proper postage, and mail directly to us OR submit your report through a secure, electronic submission (ERS) process.

The FRA has agreed through MOU's with rail carriers that the reports filed with NASA are prohibited from being used for FRA enforcement purposes. This report will not be made available to the FRA for disciplinary actions for violations. Your identity strip, date stamped by NASA, is proof that you have submitted a report to the C³RS. We can only return the ID strip to you if you have provided a mailing address. The information you provide on the identity strip will be used only by NASA to contact you for further information. We can often obtain additional useful information if our safety analysts can talk with you directly by telephone. For this reason, we have requested telephone numbers where we may reach you. THIS IDENTITY STRIP WILL BE RETURNED BY MAIL DIRECTLY TO YOU. The return of the identity strip assures your anonymity.

NOTE: TRAIN ACCIDENTS AND/OR CRIMINAL ACTS SHOULD NOT BE REPORTED ON THIS FORM. SUCH EVENTS SHOULD BE FILED THROUGH APPROPRIATE AUTHORITIES.

Thank you for your contribution to railroad safety.

