

# 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 (C<sup>3</sup>RS) 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 C<sup>3</sup>RS

File your close call event today!

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



To report electronically, select a C<sup>3</sup>RS Report Form:

▶ <b>Transportation Report Form</b>	e.g. Conductor, Dispatcher, Engineer *
▶ <b>Mechanical Report Form</b>	e.g. Carman, Laborer, Machinist, Pipe Fitter *
▶ <b>Engineering Report Form</b>	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 C<sup>3</sup>RS form.
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*Thank you for your contribution to railroad safety!*



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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.

**TYPE OF EVENT / SITUATION**

**INVOLVED CO-WORKERS**

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

Primary  XXX-XXX-XXXX  Hours   H  M  W

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)

ADDRESS LINE 2

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

CITY (required)  STATE  ZIP (required)

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

#### REPORTER

Engineer     Brakeman     Dispatcher     Other:   
 Assistant Engineer     RCL Operator     On Board Service  
 Conductor     Yardmaster     Foreman  
 Assistant Conductor     Hostler (Outside)     Trainee

**REPORTER EXPERIENCE**

Railroad Years:  yrs

Years in Craft:  yrs

**CREW SIZE**

Crew Size:

**SHIFT DURING EVENT**

At time of incident, were you on:

Regular Start Time Job  
 Unassigned (Pool Turn)  
 Extra Board  
 Other:

Hours into Shift  hrs

**REPORTER LOCATION**

Locomotive:

Cab  
 Walkway / Steps

Train Car:

Car  
 Vestibule

Adjacent to track / on ground

Dispatch Center

Station Platform

Yard Control Center

Other:

**WEATHER**

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

Other:

**LIGHT / VISIBILITY**

Light:

Reduced Visibility  car lengths

#### TRAIN

**Type of Operation**

Passenger / Commuter     Yard Assignment  
 Freight     Other:

Shoving  
 Pulling  
 Push / Pull (Passenger)

**Equipment****C3RS - Transportation Report Form**

Controlling Loco. Make / Model  Total Head End #  Remote Control  Yes  No  
 Control 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 C<sup>3</sup>RS 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

<b>Passenger</b>	# of Cars <input type="text"/>	# In Service <input type="text"/>	Cab Car Controlling <input type="radio"/> Yes <input type="radio"/> No	
<b>Freight</b>	Loads <input type="text"/>	Empties <input type="text"/>	Tons <input type="text"/>	Length <input type="text"/> feet
<b>Status</b>	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		
<b>Type</b>	<input type="radio"/> Passenger / Commuter <input type="radio"/> Freight <input type="radio"/> Other: <input type="text"/>		Involved Car Kind: <input type="text"/>	
<b>Location</b>	<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"/>	
<b>Operating Rules</b>	<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.				
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<b>CHAIN OF EVENTS</b> - How the problem arose - Contributing factors - How it was discovered - Corrective actions		<b>HUMAN PERFORMANCE CONSIDERATIONS</b> - Perceptions, judgments, decisions - Factors affecting the quality of human performance - Actions or inactions		
NASA ARC 277G (September 2013)		<b>C3RS MECHANICAL FORM</b>		v1.6.0
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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  
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)

ADDRESS LINE 2

LOCAL TIME (24 HR. CLOCK) (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
<b>Type</b>	<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"/>
<b>Location</b>	<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"/>
<b>Operating Rules</b>	<input type="radio"/> MOW Rules <input type="radio"/> GCOR	<input type="radio"/> NORAC <input type="radio"/> Other: <input type="text"/>
<b>Rules in Effect -</b>	<input type="checkbox"/> Centralized traffic control <input type="checkbox"/> Interlocking	<input type="checkbox"/> Other than main track rules <input type="checkbox"/> Positive train control
<b>Methods of</b>	<input type="checkbox"/> Track warrant control <input type="checkbox"/> Direct traffic control <input type="checkbox"/> Yard limits	<input type="checkbox"/> Automatic train stop <input type="checkbox"/> Camp Car Protection <input type="checkbox"/> Roadway Worker Protection <input type="checkbox"/> Other: <input type="text"/>
<b>Operation</b> (check all that apply)	<input type="checkbox"/> Dark Territory (Non-ABS) <input type="checkbox"/> Automatic block signals <input type="checkbox"/> Automatic cab signals	
IF MORE THAN ONE EQUIPMENT WAS INVOLVED, PLEASE DESCRIBE ADDITIONAL EQUIPMENT IN THE "DESCRIBE EVENT / SITUATION" SECTION.		
DESCRIBE EVENT / SITUATION		
<p>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.</p>		
<div style="border: 1px solid black; padding: 5px; min-height: 200px;"> <p>(required) Who, What, Where, When, Why?</p> </div>		
<p><b>CHAIN OF EVENTS</b></p> <ul style="list-style-type: none"> <li>- How the problem arose</li> <li>- Contributing factors</li> <li>- How it was discovered</li> <li>- Corrective actions</li> </ul>	<p><b>HUMAN PERFORMANCE CONSIDERATIONS</b></p> <ul style="list-style-type: none"> <li>- Perceptions, judgments, decisions</li> <li>- Factors affecting the quality of human performance</li> <li>- Actions or inactions</li> </ul>	
NASA ARC 277H (September 2013)	<b>C3RS ENGINEERING FORM</b>	v1.6.0
<a href="#">Reset Form</a>	<a href="#">View Printable Format</a>	<a href="#">Submit Report</a>

**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 (C<sup>3</sup>RS). The C<sup>3</sup>RS 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 C<sup>3</sup>RS 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 C<sup>3</sup>RS. 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.

