

## WMATA INTERVIEW TOOL

Date: \_\_\_\_\_  
Time of interview: \_\_\_\_\_ am pm (will be converted to 24 hr format in system)  
Interviewer Name: \_\_\_\_\_  
Interviewee Name: \_\_\_\_\_  
Interviewee Phone Numbers: \_\_\_\_\_

### 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 BTS 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 0000-0000. 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 Colliia, US DOT/BTS, 1200 New Jersey Avenue SE, Room E36-302, Washington, D.C. 20590 or email: demetra.colliia@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:

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.

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**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 gang (work group) 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?**

If not, ask follow-up questions to capture this information to further understand the incident and have individual provide explanation of any instructions, procedures or processes referenced.

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**Text From Written Report –**

**Oral Report -**

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Before we begin the interview, would you please share the following information with us?

Gender: Male  Female

Age: \_\_\_\_\_ (in years)

Height: \_\_\_\_\_ (feet) \_\_\_\_\_ (inches)

Weight: \_\_\_\_\_ (in lbs.)

Interviewee's department: \_\_\_\_\_

Identify interviewee's job category: \_\_\_\_\_

Work experiences:

Railroad Experience: \_\_\_\_\_ Years \_\_\_\_\_ Months

Experience in Current Classification: \_\_\_\_\_ Years \_\_\_\_\_ Months

|  |
|--|
| <p><b>Enter Incident information obtained from written report or attempt to collect at the beginning of the interview</b><br/>(unless already submitted with report)</p> |
|--|

**Incident information**

Date of Incident:

Time of Incident:

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Line Segment:

Yard:

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Station:

Chain Marker:

Track:

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Unit ID: \_\_\_\_\_ Roadway Maintenance Machine Unit ID/Flatcar: \_\_\_\_\_

Equipment: \_\_\_\_\_

Train No.: \_\_\_\_\_ Lead Car No.: \_\_\_\_\_ Total No. of Cars: \_\_\_\_\_

Consists: \_\_\_\_\_

Pushing/Pulling: \_\_\_\_\_ Direction: \_\_\_\_\_

Weather: Clear  Cloudy  Fog  Slight Rain  Intense Rain  Snow (on ground)  Snowing   
 High Winds  Lightning  Hail Storm  Cold  Hot

Visibility: \_\_\_\_\_ Temperature: \_\_\_\_\_

Elevation Level: \_\_\_\_\_

Train Activity: \_\_\_\_\_

Gang Activity: \_\_\_\_\_

Maintenance/Station 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 (Very Important)

**Please use military time (24-Hour clock) for work and sleep periods.**

| 3-Day Work Shift History | Shift Type | Regular Start Time | Regular End Time | 1 <sup>ST</sup> Swing Start Time | 1 <sup>ST</sup> Swing End Time | 2 <sup>nd</sup> Swing Start Time | 2 <sup>nd</sup> Swing End Time |
|--------------------------|------------|--------------------|------------------|----------------------------------|--------------------------------|----------------------------------|--------------------------------|
| Incident Shift Day       |            |                    |                  |                                  |                                |                                  |                                |
| Day before Incident      |            |                    |                  |                                  |                                |                                  |                                |
| 2 Days before Incident   |            |                    |                  |                                  |                                |                                  |                                |

**Please use military time (24-Hour clock) for work and sleep periods.**

| 3-Day Sleep History              | Sleep Start Time | Sleep End Time | Nap – Yes/No | Nap Start Time | Nap End Time | Sleep Quality | Rest Quality |
|----------------------------------|------------------|----------------|--------------|----------------|--------------|---------------|--------------|
| 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 hand tools, power tools, track, switches, other 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:**

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**Brakes**

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

- Yes                      If yes, ask the questions in the following (a – d).
- 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                      In 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?

**MAINTENANCE:**

Hydraulics: \_\_\_ Yes \_\_\_ No

Standard: \_\_\_ Yes \_\_\_ No

Other: \_\_\_ Yes \_\_\_ No

**TRAIN:**

Dynamic Brakes: \_\_\_ Yes \_\_\_ No

Friction Brakes: \_\_\_ Yes \_\_\_ No

**Comment field:**

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

- Regular Assignment with fixed a starting time.
- Regular Assignment with a rotating starting time.
- Extra Board

Comment field:

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

- Hour
- Salary
- Other      Explain:

Comment field:

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

\_\_\_\_\_ hrs. \_\_\_\_\_ mins.

Comment field:

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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:**

4a. Did you have trouble sleeping during the 3-days prior to the incident?

- Yes
- 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 fatigued, did you asked to be excused?

- 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)

Comment field:

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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:

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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

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7. Was the paperwork a problem?

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

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:

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**(\*Maintenance ONLY Question)**

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

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

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 gang (work group) 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:

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

- Yes            If yes describe:
- No

Comment field:

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10. How well did the gang (work group) getting along? Ask for a number rating. Rate on a scale of 1 to 5, with 5 being the "the best".

Rating: \_\_\_\_\_

- NA

Comment field:

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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 gang (work group) neglect to complete their assigned duties correctly?

- Yes            If yes, describe:
- No

Comment field:



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

- Yes            If yes, describe::  
 No

Comment field:

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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:

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

- Verbal Direct  
 Radio  
 Hand signals  
 Other(Describe)

Comment field:

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

- Yes            If no, go to next question.  
 No

Comment field:

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14a. In your experience, what was the cause of the confusion or misunderstanding? *(The scribe should fill in based on the subject's response. Some potential responses are listed below.)*

Comment field:

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15. How frequently do you perform 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:

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

Comment field:

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

- Yes            If yes, describe:  
 No

Comment field:

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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:

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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:

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

- Yes  
 No

Comment field:

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21. When was the last time you received training on your job or the rules/procedures applicable to your job? (*Try to get month and year at the very least.*)

Month: \_\_\_\_\_ Year: \_\_\_\_\_

21a. When were you certified/recertified? \_\_\_\_\_

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

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

Comment field:

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

- Yes            If yes, describe:
- No

Comment field:

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24. 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:

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

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

Comment field:

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25a. Were you provided any training on the equipment or new technology?

- Yes
- No

25b. Do you feel that you were sufficiently familiar with equipment or new technology

- Yes
- No(Describe)

Comment field:

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26. How safe did you feel working with the other member(s) of your gang (work group)?

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

Comment field:

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27. Was your immediate supervisor aware of the incident?

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

Comment field:

27a. In the context of this incident, did your immediate supervisor behave inappropriately in any way?

- Yes            If yes, describe:
- No

Comment field:

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

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

Comment field:

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29. 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/Audits
- Event recorder downloads
- Ride along
- Stop Test(Yard Only)
- Other (Describe)

Comment field:

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30. 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 gang (work group) |               |            |
| Clear communication of job tasks and instructions                    |               |            |
| Coaching/Mentoring   |               |            |
| Consistent enforcement of rules and requirements                     |               |            |
| Problem solving  |               |            |

31. 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.)

- Take care of it myself (including coaching other employees)
- Report it directly to a supervisor or manager
- Report to Close Call Reporting
- Make a report on the "Safety Hotline"
- Report the matter to my union representative

- File an Unsafe Condition Report
- Other (Describe)

Comment field:

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32. When you have reported safety concerns in the past, do you feel that management responded and effectively address your concerns?

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

32a. Did management provide feedback on what would be done to address your safety concern?

- Yes                      If yes, how was feedback provided? \_\_\_\_\_
- No

Comment field:

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33. 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:

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34. In general, how effective is the communication regarding safety concerns?

- Very effective
- Moderately effective
- Slightly effective      For slightly or not effective, describe:
- Not effective

Comment field:

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

- Supportive
- Adversarial
- Both

Comment field:

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

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

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

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**38. 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"/> <b>The people (employees) directly involved in the incident</b> | <b>H</b> | <b>M</b> | <b>L</b> |
| <input type="checkbox"/> <b>Other employees</b>  | <b>H</b> | <b>M</b> | <b>L</b> |

- Public Safety**
- Damage to equipment and/or property**
- The environment**

|          |          |          |
|----------|----------|----------|
| <b>H</b> | <b>M</b> | <b>L</b> |
| <b>H</b> | <b>M</b> | <b>L</b> |
| <b>H</b> | <b>M</b> | <b>L</b> |

Comment field:

**End of Interview**