

U.S. Department of Transportation Federal Railroad Administration

49 CFR § 236.1023, Errors and Malfunctions Pl

Public reporting burden for this information collection is estimated to average 7.5 hours for reviewing instructions, searching existing data sources, gathering and maintaining th and reviewing the collection of information. According to the Paperwork Reduction Act c conduct or sponsor, and a person is not required to respond to, nor shall a person be su comply with, a collection of information unless it displays a currently valid Office of M control number. The valid OMB control number for this information collection is **21** collection of information are mandatory. Send comments regarding this burden estim collection, including suggestions for reducing this burden, to OMB's Office of Information OMB Desk Officer. In any comments, please reference OMB Control No. 2130-0553, D Regulation Identifier No. 2130-AC75.

OMB
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Form FRA F 6180.179 OMB Control No. 2130-0553

RA Notice

per response, including the time ne data needed, and completing of 1995, a federal agency may not ubject to a penalty for failure to anagement and Budget (OMB) **30-0553**. All responses to this nate or any other aspect of this and Regulatory Affairs, Attn: FRA ocket No. FRA-2019-0075, and

Approval Granted: MM/DD/YYYY Approval Expires: MM/DD/YYYY



U.S. Department of Transportation Federal Railroad Administration

49 CFR § 23

See 49 CFR § 236.1023 for the complete list of regulatory require

Reporting Deadlines Under 49 CFR § 236.1023 (f) (1)

Reporting Railroad, Supplier, or Vendor: Each notification to FF

General Instructions

1. There is one (1) sheet in this Excel file that must be populated know, leave blank.

2. See 49 CFR § 236.1023(a)-(k) for the complete list of regulato

Submission Instructions

Save the file once all fields in sheet "49 CFR § 236.1023" are pop

The grid below explains the fields in the Notification Form Field Name Reporting Railroad, Supplier, or Vendor a. Railroad, Supplier, or Vendor with Original Failure b. Affected Railroad, Supplier, or Vendor c.1 Additional Affected Railroad(s), Supplier(s), or Vendor(s) c.2 Notified Affected Railroad(s), Supplier(s), or Vendor(s) d. e. Synopsis f. PTC System Type Type of Reportable Issue g. Vendor or Supplier h. Date Reported to FRA Date of Reportable Issue Software Version k. PTC Subsystem Ι. m. Track Segment Milepost n.

0.	Equipment Category		
р.	Equipment-Specific Problem		
q.	Nature of the Failure		
r.	Description of Failure		
s.	Mitigation Taken		
t.	Estimated Date to Correct Failure		
u.	Optional		
The grid below explains the acronyms found in the Notification			
Acro	hym		
ACSES II			
ASES II			
СВТС			
E-ATC			
EDU			
GE			
I-ETMS			
ITCS			
OBC			
VLC			
WIU			

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6.1023, Errors and Malfunctions Notification Form Instructions

ements for vendors' and railroads' reporting PTC Errors and Malfunctions (Form FRA F6180.179).

A required by this section shall be made within 15 days after the vendor, supplier, or railroad discovers the failure,

with data for a valid submission, sheet labeled "Form FRA F6180.179". Fill out all information that you have knowled

ry requirements for railroads' 49 CFR § 236.1023, Errors and Malfunctions Notifications (Form FRA F6180.179).

Dulated with the proper data associated with 49 CFR § 236.1023. Send this saved Excel file via email to the following **FRAPart2361023Notification@dot.gov**

Field Explanation

Select the Railroad, Supplier, or Vendor who is reporting the failure. If not found in dropdown, manually enter the R Vendor in the field below. **Railroad, Supplier, or Vendor names should appear exactly as it appears in the railroad Plan.**

Select the Railroad, Supplier, or Vendor who experienced the orignial failure. If not found in dropdown, manually er Supplier, or Vendor that experienced the original failure. **Railroad, Supplier, or Vendor names should appear exact** <mark>railroad's PTC Implementation Plan.</mark>

Select the Railroad, Supplier, or Vendor whose PTC system or interoperability was or may be affected by the reporta the inital railroad. If not found in dropdown, navigate to row c.2 and manually enter the Railroad, Supplier, or Vend interoperability was or may be affected by the reportable issue. **Railroad, Supplier, or Vendor names should appea** the railroad's PTC Implementation Plan.

If not listed above, manually enter the Railroad, Supplier, or Vendor whose PTC system or interoperability was or m reportable issue. **Railroad, Supplier, or Vendor names should appear exactly as it appears in the railroad's PTC Im**

Select Yes if all the Railroad(s), Supplier(s), and Vendor(s) affected have been notified, else select No.

Manually enter a brief summary of the failure. The cell grows larger as more text is written.

Select the type of FRA-certified PTC system. If not listed, select N/A and fill in below.

Select which type of reportable issue is being reported.

Select the vendor(s) which provided the PTC software and/or hardware. If multiple, use the additional cell provided listed in dropdown, select N/A and fill in the additional cell.

Select the date the reporting railroad, supplier, or vendor reported the failure to FRA.

Select the date the vendor or railroad was informed of the reportable issue.

Manually enter the version of software in which the reportable issue was found (e.g., 2.1).

Select the PTC Subsystem of the reported issue. Then write the component of the subsystem in the cell below.

Manually enter the PTC-governed track segment (e.g., territory, subdivision, district, main line, branch, or corridor) occurred, as it appears in the railroad's PTC Implementation Plan. If unknown, write N/A.

Manually enter the milepost at which the reported issue occurred at, if applicable. Only use numerical values. If unl

Select which equipment category the reported issue relates to.

If the error/malfunction is specific to certain equipment, manually enter which equipment.

Select the nature of the failure.

Manually enter the details for the failure that occurred and both human and technical root causes. The cell grows la

Mitigation taken to ensure the safety of train operation, railroad employees, and the public. The cell grows larger as

Select the estimated date the reported issue will be resolved. This is a required cell to submit the form.

Include any external documents that may assist the FRA with understanding the reported issue.

າ Form

Acronym String of Words

Advanced Civil Speed Enforcement System

Advanced Speed Enforcement System

Communication Based Train Control System

Enhanced Automatic Train Control

Engineer Display Unit

General Electric

Interoperable Electronic Train Management System

Incremental Train Control System

Onboard Computer

Vital Logic Controller

Wayside Interface Unit

n.



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49 CFR § 236.1023, Err

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Ple	ease refer to Form Instructions sheet to complete the followir
a.	Reporting Railroad, Supplier, or Vendor **as it appears in PTCIP
b.	Railroad, Supplier, or Vendor with Original Failure **as it appears in PTCIP
c.1	Affected Railroad, Supplier, or Vendor
c.2	Additional Affected Railroad(s), Supplier(s), or Vendor(s) **as it appears in PTCIP
d.	Notified Affected Railroad(s), Supplier(s), or Vendor(s)
e.	Synopsis
f.	PTC System Type
g.	Type of Reportable Issue
h.	Vendor or Supplier
i.	Date Reported to FRA (MM/DD/YYYY)

k.	Software Version
I.	PTC Subsystem
m.	Track Segment
n.	Milepost
о.	Equipment Category
p.	Equipment-Specific Problem
q.	Nature of Failure
r.	Description of Failure
s.	Mitigation Taken
t.	Estimated Date to Correct Failure (MM/DD/YYYY)
u.	Optional

ors and Malfunctions Notification Form

ffice of Railroad Safety

ıg fields:

Select a value from the dropdown on the right Enter railroad, supplier, or vendor if not listed above Select a value from the dropdown on the right Enter railroad, supplier, or vendor if not listed above Select a value from the dropdown on the right Select a value from the dropdown on the right Select a value from the dropdown on the right Select a value from the dropdown on the right Select a value from the dropdown on the right Enter if not listed above and/or enter any additional affected railroad(s), supplier(s), or vendor(s) Enter if not listed above and/or enter any additional affected railroad(s), supplier(s), or vendor(s) Enter if not listed above and/or enter any additional affected railroad(s), supplier(s), or vendor(s) Enter if not listed above and/or enter any additional affected railroad(s), supplier(s), or vendor(s) Enter if not listed above and/or enter any additional affected railroad(s), supplier(s), or vendor(s) Enter if not listed above and/or enter any additional affected railroad(s), supplier(s), or vendor(s) Enter if not listed above and/or enter any additional affected railroad(s), supplier(s), or vendor(s) Enter if not listed above and/or enter any additional affected railroad(s), supplier(s), or vendor(s) Enter if not listed above and/or enter any additional affected railroad(s), supplier(s), or vendor(s) Enter if not listed above and/or enter any additional affected railroad(s), supplier(s), or vendor(s) Enter if not listed above and/or enter any additional affected railroad(s), supplier(s), or vendor(s) Enter if not listed above and/or enter any additional affected railroad(s), supplier(s), or vendor(s) Enter if not listed above and/or enter any additional affected railroad(s), supplier(s), or vendor(s) Enter if not listed above and/or enter any additional affected railroad(s), supplier(s), or vendor(s) Enter if not listed above and/or enter any additional affected railroad(s), supplier(s), or vendor(s) Select a value from the dropdown on the right Enter a synopsis of the reportable issue Select a value from the dropdown on the right Enter any FRA Certified PTC System Type not listed above Select a value from the dropdown on the right Select a value from the dropdown on the right Enter any Vendor or supplier not listed above

Enter the Software Version

Select a value from the dropdown on the right

Enter the component of the PTC Subsystem selected above

Enter the Track Segment, or N/A if unknown

Enter the Milepost, or N/A if unknown

Select a value from the dropdown on the right

Enter the Equipment-Specific Problem

Select a value from the dropdown on the right

If selected Other above, fill in brief description of Nature of Failure.

Enter the Description of Failure

Enter the Mitigation Taken

Include any external documents that may assist the FRA with understanding the reported issue