

# **MTA Long Island Rail Road Safety Program Report 2013**



# THINK SAFETY | ACT SAFELY

## GOAL

To work towards an accident-free workplace through the implementation of a comprehensive, sustainable, and measurable **safety initiative** that engages every level of the organization in promoting the value of safety.



# Safety Initiative

- System Safety Program Plan
- Labor Management Partnerships
- Rail Incident and Accident Investigations
- Training



# System Safety Program Plan

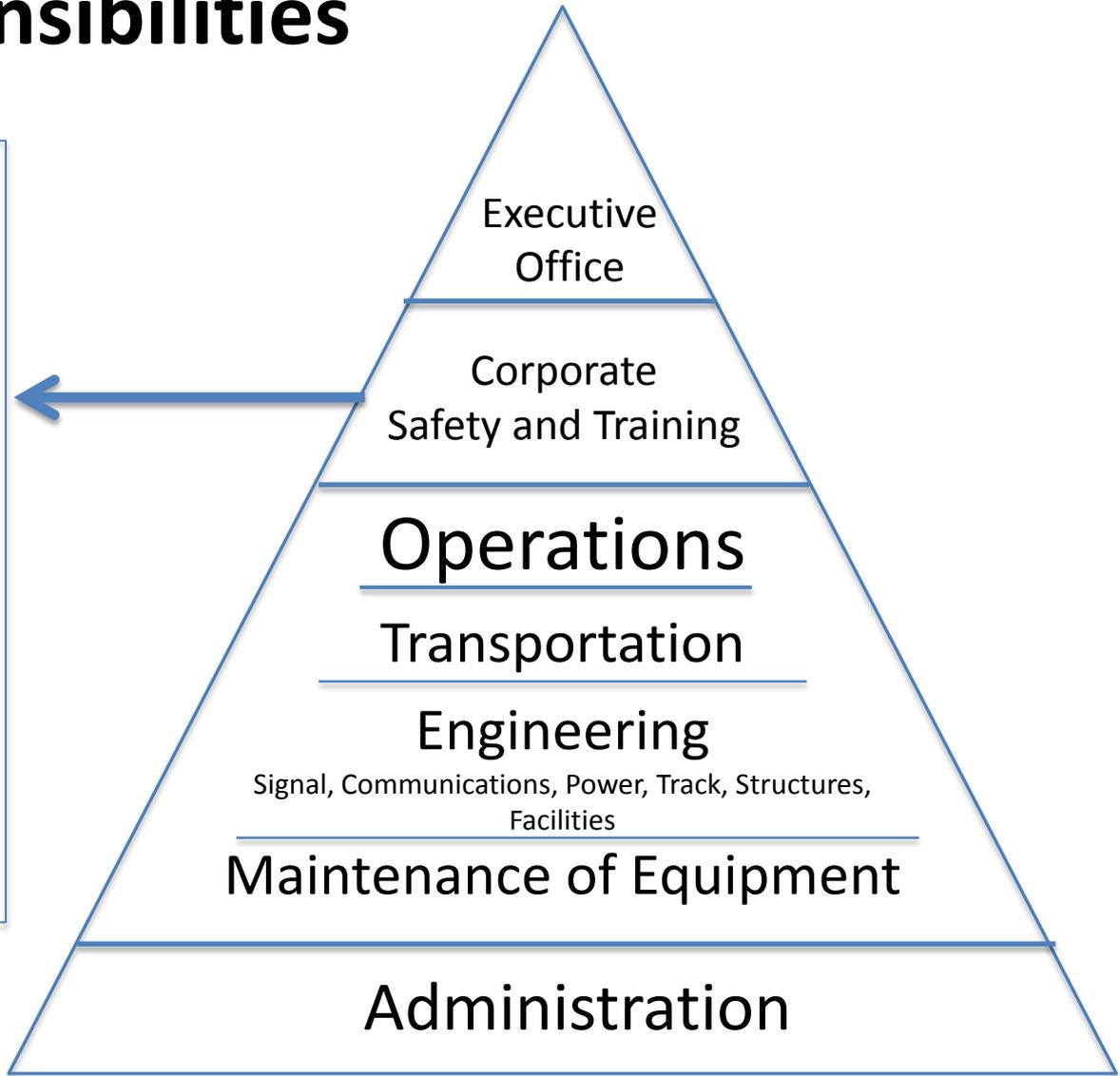
- Corporate Safety Responsibilities
- Department Responsibilities



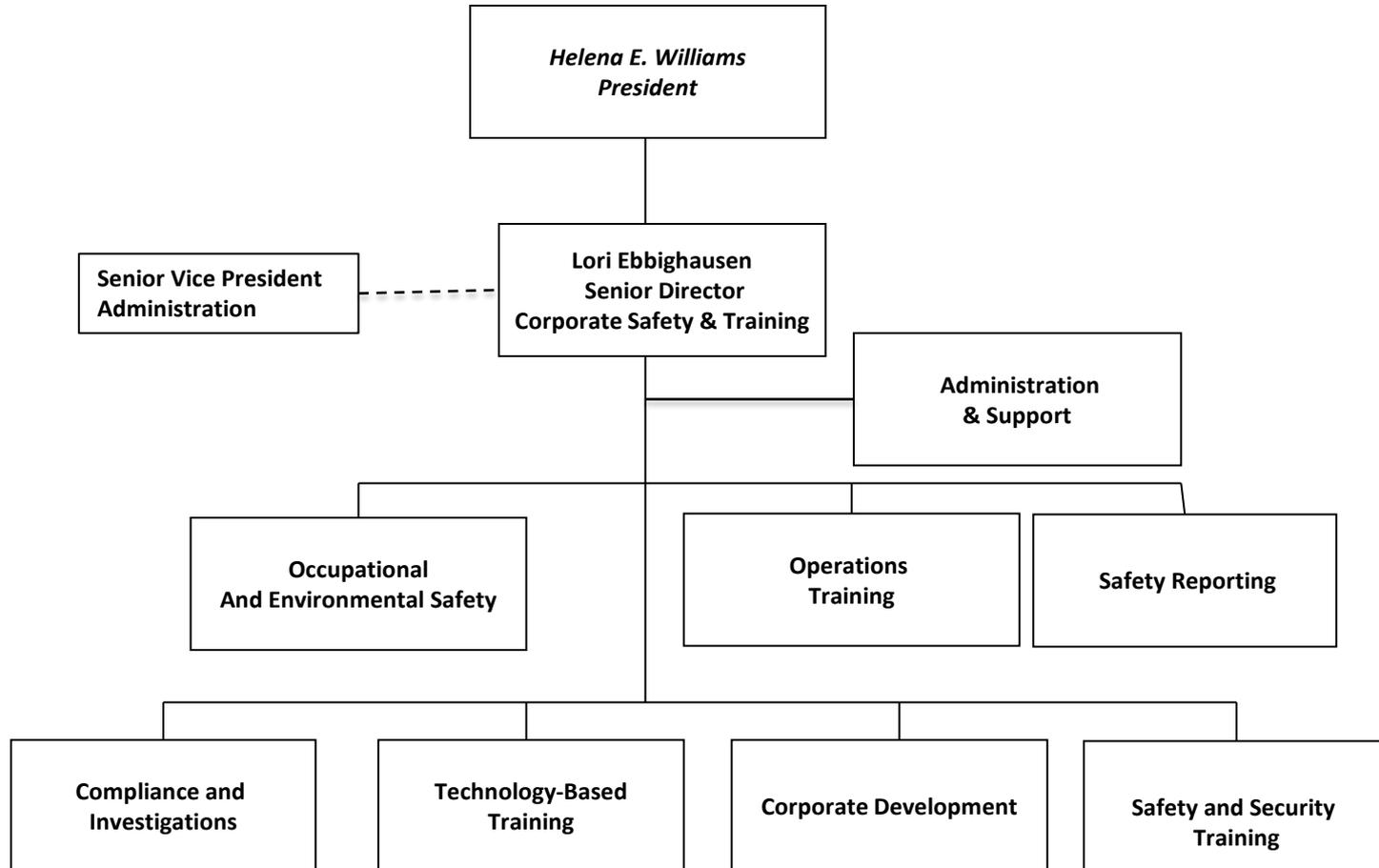
# Safety Responsibilities

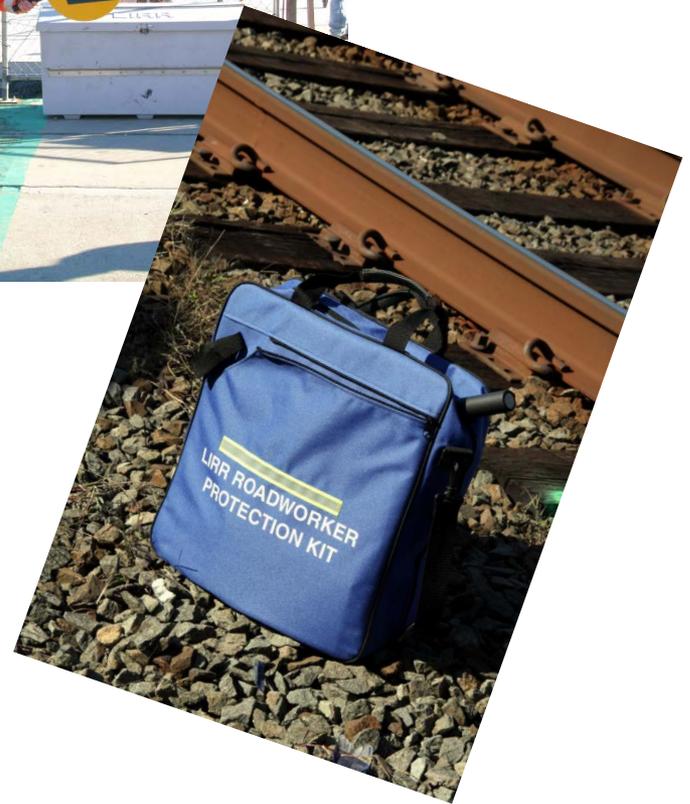
Corporate Safety and Training Units

- Policy and Programs
- Trend Analysis
- Occupational and Environmental
- Investigations
- Observations and Audits
- Fire
- Training
- Enhanced Safety Actions



# MTA Long Island Rail Road











## MTA RIGHT OF WAY TASK FORCE

Collaborative effort joining the technical expertise and resources of the MTA Police and Railroad's System Safety Departments.





New York State Department of State  
**Division of Code Enforcement and Administration**  
 99 Washington Avenue, Suite 1160  
 Albany, NY 12231  
 Pht(518)-474-4073 FAX:(518)-486-4487  
 www.dos.state.ny.us

Submit by Email

Print Form

Page 1 of 6

Reporting Year: 201

Notification of completion of the Annual Uniform Code Administration  
 Enforcement Report pursuant to 19 NYCRR

**STATE AGENCY**

UNIFORM CODE: ADMINISTRATION AND ENFORCEMENT  
 GENERAL INFORMATION

Name of State Agency:

Mailing Address:

This Report is being submitted by: (Do not send individual building or facility reports to DOS, please submit to the appropriate agency.)  
 Entire Agency  Campus, Region or Division on behalf of the

If the form is being completed for anything other than the entire agency, please describe the portion of the agency being reported on.

If form is being completed for anything other than the entire agency, has/will form be submitted to the appropriate agency?

Name of Primary Agency Code Coordinator:

Title of Primary Agency Code Coordinator:

Code Official NYDOS Certification #:

Phone Number:

E-mail Address:

**THE LONG ISLAND RAIL ROAD  
 CORPORATE SAFETY RULES  
 FOR EMPLOYEES**

Effective March 1, 2012

**MTA** Long Island Rail Road  
 LIRR Job Task Hazard Assessment

**Corporate Policy & Procedure**

SAFE-XXX

**I. PURPOSE**

This Policy and Procedure (P&P) establishes the process for consistently identifying existing and future workplace hazards that require control; those that require personal protective equipment (PPE), and the standardization of hazard mitigations and PPE requirements system-wide for similar job tasks in support of the Long Island Rail Road (LIRR) Personal Protective Equipment Corporate Safety Rules for Employees.

**II. SCOPE**

This P&P applies to all departments and will apply to all employees performing existing Corporate Job Tasks requiring an assessment of hazard exposure. Additional PPE requirements will be determined by the appropriate Department/Divisions to ensure compliance on the part of JTHA Trade representatives. Recommendations will be made at the LIRR Safety Committee meeting. Results of a safety audit will be reported to the appropriate Department/Divisions to ensure compliance.

**III. DEFINITIONS**

Reporting existing Corporate Job Tasks requiring an assessment of hazard exposure. Additional PPE requirements will be determined by the appropriate Department/Divisions to ensure compliance on the part of JTHA Trade representatives. Recommendations will be made at the LIRR Safety Committee meeting. Results of a safety audit will be reported to the appropriate Department/Divisions to ensure compliance.

**Employee Safety Policy & Procedure**

SAFE-005

**I. PURPOSE**

The purpose of the Corporate Employee Safety Policy and Procedures (Policy) is to improve safety, with a goal of preventing Accidents/Incidents, and to provide a corporate policy for Accident/Incident reporting that complies with the Federal Railroad Administration (FRA) regulations under Title 49, Part 225 of the Code of Federal Regulations (CFR) and the Federal Rail Safety Act.

**II. SCOPE**

The Policy applies to both Class A and Class B employees of the LIRR as defined in Section III below.

**III. DEFINITIONS**

**A. Employees**

**Class A** - Employees for the purposes of the Policy are: Employees on duty performing company related work LIRR property for purposes connected with their employment, but who are off duty, on lunch or break or performing work not authorized by the company at the time of an Accident/Incident.

**B. Supervisors**

**Supervisors** - Represented and non-represented employees who are not supervisors.

**C. Managers**

**Managers** - Employees with direct report employees who are supervisors related to a railroad's operation that is required to be reported, including: fatality, injury and illness; collision, derailment, and similar events involving the operation of on-track equipment that resulted in monetary damage above an established threshold; and impact between rail on-track equipment and highway users at crossings.

**D. Accident/Incident**

**Accident/Incident** (referred to throughout as Accident) - Event or occurrence related to a railroad's operation that is required to be reported, including: fatality, injury and illness; collision, derailment, and similar events involving the operation of on-track equipment that resulted in monetary damage above an established threshold; and impact between rail on-track equipment and highway users at crossings.

**FRA Reportable Accident**

**FRA Reportable Accident** - Accident connected with the operation of the LIRR that must be reported to the FRA because it meets the reporting threshold mandates. These include injury to an employee who needs medical treatment beyond first aid, receives a laceration, a burn, or a medical sham.



Insert Department Name

## Safety Goal Implementation Plan

### INSERT YEAR Goals

Reduction Compared to Previous Year

GENERAL CATEGORY	REDUCTION / INCIDENTS	HIGH INCIDENT RATE CATEGORY	REDUCTION / INCIDENTS
Lost Time Injuries	X%	1 <sup>st</sup> Leading Incident	X%
Reportable Employee Injuries	X%	2 <sup>nd</sup> Leading Incident	X%
Case Rate per 200,000 Hours	X%	3 <sup>rd</sup> Leading Incident	X%
Customer Injuries	X%	4 <sup>th</sup> Leading Incident	X%



Efficiency Testing - Microsoft Internet Explorer

File Edit View Favorites Tools Help Links

Back Forward Stop Home Search Favorites Refresh Print Mail News RSS

Address <http://ets/ETS/public/index.cfm> Go Convert Select

**MTA Long Island Rail Road**

NYC Transit Long Island Rail Road Metro-North Railroad **INTRANET**

[LIRR Mirror Internet site](#)

[LIRR Intranet Home](#)

[Customer Service Home](#)

# Efficiency Testing



[ETS Homepage](#)

[Admin Home](#)

[Efficiency Testing System Login](#)      [Tasks & Tests](#)

[LIRR SAFER Manual \(PDF\)](#)

[Creating a Shortcut On Your Desktop to this Webpage](#)

[ETS - SAFER User Manual \(PDF\)](#)

[Engineering SAFER Form](#)

Local intranet



# Labor Management Partnerships

- Operating Departments Safety Representatives
- Monthly Meetings
- Shop and Yard Walks
- Safety Climate Survey





## SAFETY SURVEY

Please carefully read through all of these instructions before starting this survey. The purpose of this research is to examine employees' safety perceptions in the workplace. This study is being conducted by a team of researchers from Texas A&M University with the support of Long Island Rail Road.

**Why were you selected to participate?**  
All Long Island Rail Road employees are being asked to participate.

**What will I be asked to do?** If you agree to participate, you will be asked to complete a survey which will take approximately 10-15 minutes to complete.

**What are the possible benefits of this study?**  
The benefits you will receive by participating in this study include increased voice to your safety concerns and an opportunity to help improve how safety in the workplace can be improved.

**Who will know about my participation in this research study?**  
All responses to this survey will be CONFIDENTIAL. To preserve confidentiality, the responses gathered in this survey will be summarized and all reports summarizing responses are highly similar. This was done to protect the identity of leadership teams.

**Repetitive Questions**  
As you proceed through the survey, you may notice some repetitive questions. Please answer them honestly and to the best of your ability.

**Definition of a Workgroup and Supervisor**  
For the purposes of this survey, a workgroup is defined as a group of employees who report to a common supervisor, crew, gang, department unit or section, etc. Your supervisor is the person you directly report to (and not referred to as a "supervisor").

**How many employees are in your current workgroup** (including yourself, your supervisor, and the other employees in your workgroup): \_\_\_\_\_ employees

**SAFETY CLIMATE/CULTURE QUESTIONS**

Thinking of your current workgroup, please read the statements listed below and mark the response that indicates the extent to which you agree with each statement.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. My supervisor strictly enforces the safe working procedures in my workgroup.	1	2	3	4
2. My supervisor takes a proactive stance when it comes to safety.	1	2	3	4
3. My supervisor demonstrates leadership by keeping people focused on safety.	1	2	3	4
4. My supervisor takes the lead on safety issues.	1	2	3	4
5. My supervisor is committed to improving safety.	1	2	3	4
6. My supervisor places a strong emphasis on workplace health and safety.	1	2	3	4
7. Safety problems are openly discussed between my supervisor and my workgroup.	1	2	3	4
8. My workgroup gets timely feedback on safety issues we have raised with our supervisor.	1	2	3	4
9. My supervisor keeps my workgroup informed of safety rules.	1	2	3	4
10. Changes in procedures and their effects on safety are effectively communicated by my supervisor.	1	2	3	4
11. There is adequate safety training in my workgroup.	1	2	3	4
12. My supervisor provides safety training when employees change work tasks.	1	2	3	4
13. My supervisor invests a lot of time in employee safety training.	1	2	3	4

Thinking of your current workgroup, please read the statements listed below and mark the response that indicates the extent to which you agree with each statement.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
14. My supervisor trains employees to be safe.	1	2	3	4	5
15. My co-workers always follow safety procedures.	1	2	3	4	5
16. My co-workers are quick to point out unsafe conditions.	1	2	3	4	5
17. My co-workers take safety very seriously.	1	2	3	4	5
18. My co-workers are committed to safety improvement.	1	2	3	4	5
19. My supervisor provides sufficient safety equipment for employees.	1	2	3	4	5
20. My supervisor checks equipment to make sure it is free of faults.	1	2	3	4	5
21. Unsafe conditions are promptly corrected in my work area.	1	2	3	4	5
22. My supervisor consults with employees regularly about workplace health and safety issues.	1	2	3	4	5
23. My supervisor promotes employees' involvement in safety related matters.	1	2	3	4	5
24. My supervisor values employees' ideas about improving safety and health.	1	2	3	4	5
25. My supervisor encourages employees to become involved in safety matters.	1	2	3	4	5
26. The reward system in my workgroup promotes high performance only when work is conducted safely.	1	2	3	4	5
27. My supervisor rewards safe behavior.	1	2	3	4	5
28. In my workgroup, employees who work safely get recognition.	1	2	3	4	5
29. In my workgroup, we make the work area as safe as possible before starting any job.	1	2	3	4	5
30. In my workgroup, peer influence is effective at discouraging violations of safety rules.	1	2	3	4	5
31. The members of my workgroup expect each other to behave safely.	1	2	3	4	5
32. The members of my workgroup expect each other to behave safely.	1	2	3	4	5
33. The members of my workgroup expect each other to behave safely.	1	2	3	4	5



# Safety Climate Survey

March 2013

- Funded by FRA and administered by Texas A & M University's Texas Transportation Institute (TTI)
- 1,016 out of 6,421 employees participated

<b>Safety Perception</b>	<b>Agree or Strongly Agree</b>
<b>Positive Coworker Safety Practices</b>	71%
<b>Management Commitment to Safety</b>	70%
<b>Positive Workgroup Safety Actions</b>	68%
<b>Positive Safety Communication</b>	67%
<b>Positive Workgroup Influence</b>	65%
<b>Individual Perception Workplace Safety</b>	40%
<b>Recognition For Those Who Perform Safely</b>	38%





## Please Work Safely... You Count and Others Count on You!

Our department  
goal is

fewer lost time  
accidents this year.

So far this year  
we've had

lost time accidents.

We've worked

consecutive days  
without a lost time  
accident.

***Engineering Department***

**THINK | ACT  
SAFETY | SAFELY**  
*Working towards an accident-free workplace.*





# Rail Incident and Accident Investigations

- Rail Incidents
- Accident Investigations
  - Employee
  - Customer



**LONG ISLAND RAIL ROAD  
INITIAL REPORT OF EMPLOYEE ACCIDENT/INCIDENT**

(AR-3)  
REV 10/09

FILE NUMBER \_\_\_\_\_ OCCUP CODE \_\_\_\_\_ INJ CODE \_\_\_\_\_ CAUSE CODE \_\_\_\_\_ POLICE EVENT NO. \_\_\_\_\_

**PART I - INJURED/ILL EMPLOYEE INFORMATION**

INJURED EMPLOYEE NAME \_\_\_\_\_ MF \_\_\_\_\_ BRN NO. \_\_\_\_\_ OCCUPATION/TITLE \_\_\_\_\_ AGE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ HOME PHONE NO. \_\_\_\_\_ SERVICE DATE \_\_\_\_\_

**PART II - ACCIDENT/INCIDENT DETAILS**

DATE OF ACCIDENT: \_\_\_\_\_ TIME: AM/PM \_\_\_\_\_ DAY OF WEEK \_\_\_\_\_ TOUR OF DUTY TO \_\_\_\_\_ RELIEF DAYS \_\_\_\_\_ DEPT. NO. \_\_\_\_\_ GANG \_\_\_\_\_

WEATHER/VISIBILITY: \_\_\_\_\_ ASSIGNMENT OWNED/WORKED: \_\_\_\_\_ NO. CAR/ENGINE/S: \_\_\_\_\_

CAPITAL PROJECT NO. \_\_\_\_\_ ENGINE NO. \_\_\_\_\_ BY WHOM REPORTED: \_\_\_\_\_

TRAIN NO. \_\_\_\_\_ CAR NO. \_\_\_\_\_

CONSENT: \_\_\_\_\_ TO WHOM ACCIDENT REPORTED: \_\_\_\_\_ SUPERVISOR PHONE NO. \_\_\_\_\_

DATE REPORTED: \_\_\_\_\_ TIME: AM/PM \_\_\_\_\_ INJURED SUPERVISOR NAME: \_\_\_\_\_ PHYSICIAN/HOSPITAL: \_\_\_\_\_

LOCATION OF ACCIDENT / INCIDENT: \_\_\_\_\_

NATURE AND EXTENT OF INJURY: \_\_\_\_\_

MEDICAL TREATMENT (CHECK ALL THAT APPLY) \_\_\_\_\_ LIRR MEDICAL OFFICE \_\_\_\_\_

REFUSED MEDICAL AID \_\_\_\_\_ PERSONAL PHYSICIAN \_\_\_\_\_ OTHER (Specify below) \_\_\_\_\_

FIRST AID AT SCENE \_\_\_\_\_ HOSPITAL \_\_\_\_\_

ABSENCE FROM WORK ANTICIPATED: YES ( ) / NO ( )

INJURED EMPLOYER'S DISCUSSION OF HOW ACCIDENT/INCIDENT OCCURRED AND EXACTLY WHAT ACTIVITY WAS BEING DONE IMMEDIATELY BEFORE OCCURRENCE. IDENTIFY ANY OBJECT, TOOL, EQUIPMENT, SURFACE, CONDITION, ETC. INVOLVED WITH ACCIDENT. IF COMPANY MOTOR VEHICLE ACCIDENT, AN MV-104M MUST ALSO BE COMPLETED.

PERSONAL PROTECTION EQUIPMENT REQUIRED? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, DESCRIBE TYPE AND WHETHER USED OR NOT: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

WITNESSES (IF ACCIDENT ON OR INVOLVING TRAIN, ALSO LIST TRAIN CREW) \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS (OR JOB TITLE, IF RR EMPLOYER) \_\_\_\_\_

IF LOSING TIME FROM WORK OR EXPECTING TO LOSE TIME FROM WORK DUE TO AN A.I., A RECURRENT OF SYMPTOMS, OR TO AN AGGRAVATION, WAS EMPLOYEE HOPING TO REPORT TO MEDICAL AS SOON AS PRACTICABLE, PLEASE PRINT DATE, TIME, AND PLACE OF THE OCCURRENCE OR ON THE NEXT DAY THAT MEDICAL INQUIRY SHOULD BE COMPLETED. (YES/NO)

REPORT PREPARED BY: NAME \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_



**Accident Investigation - Checklist**

- Care for the Employee**  
Document on the AR20 - section 3  
Supervisor must ensure that the employee is reporting an injury while "on-duty", not an illness or "off-duty" injury.  
Will employee Lose Time from work? If yes, advise employee to visit LIRR Medical within 24 hours if possible. (Note: LIRR medical facility does not provide treatment.)  
What measure were taken? Example: Hospital, First Aid
- Secure the Scene**  
Document on the AR20 - section 6  
This is done to preserve any evidence and to ensure the safety of other employees in the area.
- Notify**  
Notify all as per departmental policy. Examples would be the Movement Bureau (3024), CSO Office (3029), Central Hangover (4042), Claims and Safety Department (3003), MTA Police (3000), etc.)  
Document on the AR20 - section 6
- Collect Evidence**  
Document on the AR20 - section 5(b)  
Collect all appropriate evidence. (Example - Manufacturer's Instruction Manuals, PPE in use, Tools, etc.)  
Document on the AR20 - section 6
- Photographs**  
Document on the AR20 - section 6.  
Take Photographs of the accident scene.  
Forward all pictures taken to Claims.  
Note: Digital pictures are allowed and should be saved to disk and forwarded to claims.
- Sketches**  
Document on the AR20 - section 6.  
Make or review sketches made of the area.
- Safety Rules**  
Document on the AR21 - section 5.  
Review and document all safety rules that apply to the accident.  
Review the safety rule listed for the date the accident occurred.
- Take Immediate Corrective Action/s**  
Document on the AR21 - section D.  
Document all, if any, Actions that were taken to correct any unsafe conditions.
- Statements / Interviews**  
AR20(2), Appendix: 1 - 4  
Develop Questions in advance of the statement / interview.  
Ensure statements are taken in a timely fashion.  
Statements should be taken individually and signed.
- Employee Profile**  
Document on AR20 Cover Page Check off list.  
Print out an employee profile from the MTA Mainframe, attach to the AR20(2).  
Look at the history to establish any trends or patterns.
- Training Records**  
Document on the AR20 - section 4.  
Review employee profile for any training prior to 1990.  
Contact the Training Department (ext. 3100) for all Training Records - they maintain the records.  
Review if any Specialized Training was required to perform the task assigned.  
Check with the individual department of the employee for a record of any in-house, specialized training specific to the employee.  
Review What training is required for the task being performed.  
Review Date training was performed.  
Review Date training was performed. Mandatory training has specific mandated requirements.
- Identify any Systems that require Strengthening.**  
Document on the AR21 - section F.  
These would be areas where a deficiency was found and needs to be addressed. Example would be Lack of Training. Take the time to notify the department(s) of the deficiency noted.
- AR20 / 21**  
Review document and attached statements for accuracy, phone extensions, employee number and indicated Signatures.  
Ensure that all parts of the forms are filled out. If a section did not apply indicate with a N/A in the section.  
Ensure that "Root Cause" and "Recommendations" are established and documented.  
Direct all questions regarding accuracy back to the Supervisor that completed the form.
- Recommended Remedial Actions**  
Follow through on any/all of the Recommended Remedial Actions.  
The Investigation is technically not complete until this is completed.
- Communicate**  
Report back your findings to all employee and any other departments or outside agencies that may be affected.

Accident Investigation Check List - 3/19/04 - Rev. 4



## DERAILMENT - WEST SIDE YARD



### SYNOPSIS

The Fend truck of car 7190 derailed over the split derailed 113 operating out of 22 back in West Side Yard on November 20, 2011.

**DAMAGE** – Track and equipment. Total cost to be determined.

**FACT** – Train Director did not follow proper procedure prior to issuing Clearance Card Form C. Train crew did not observe the position of the split derailed while operating at Restricted Speed.

**Situational Awareness:** Remaining focused on the task at hand while following all safety and operating rules is essential at all times. As required by Standard Operating Procedure, the Train Director at WSY did not ascertain the position of the split derailed prior to issuing a Clearance Card Form C. After receiving the C-Card, the Conductor and Engineer of train 6110 failed to observe the split derailed was set to derailed while operating at restricted speed.

**Rules to Review:** Review the following Definitions and Rules of the Operating Department:

**Restricted Speed** – A mode of operation, at which a train can be stopped within one half the range of vision, short of the next signal, another train, obstruction or switch improperly lined, looking out for broken rail or crossing protection not functioning, not exceeding 15 miles per hour.

**Rule 629** – A train must not pass a Stop-signal except when authorized by Clearance Card Form C. If an interlocking signal cannot be changed from Stop-signal, the Block Operator, with permission from the Train Dispatcher, will authorize the train to pass the Stop-signal by the use of Clearance Card Form C. Before issuing Form C, the Block Operator must know that the switches are properly lined and signals governing routes which conflict with the one indicated on the Form C display stop. Review the provisions of Clearance Card Form C on page 165-166.

**Preventive Action:** Understand and comply with the rules and procedures for issuing a Clearance Card Form C. Hold job briefings to review operational and safety conditions. If you are not sure, BTOP and ask for help.

**Summary:** Following established Rules and Procedures is essential to safe operations. Failure to follow the Rules and Procedures sets us up for failure.

This Red Alert bulletin does not supersede the Operating Rules or Special Instructions. If you have any questions, please contact the proper authority.



RED  
ALERT

## STOP SIGNAL

### Red Alert - SEPTEMBER 2011 (2)



### STOP SIGNAL: Rule 282

On September 18, 2011 the crew of train #7726 passed station 4-3E at Divide while displaying STOP. After making a station stop at Hicksville, the engineer departed upon receiving 2 (two) on the communicating buzzer, given by the conductor while in the operating cab. Neither crew member called out the signal prior to moving.

**INJURIES** –None

**DAMAGE** –None

**FACT** –in locations where a signal is in close proximity to your train after making a station stop, your only focus before moving the train must be observing the signal.

**Situational Awareness:** In accordance with the rules when the conductor can observe the signal they must call out the signal. They should not give a start signal (oo) in conflict with the fixed signal (in this case – STOP SIGNAL)

**Rules to Review:** Please review the following Operating Rules:

**Rule 18.B** – oo When standing – start.

**Rule 33A** – All employees riding on the leading engine and/or cab control car who are qualified on the operating rules must be on the lookout for signals affecting the movement of their train. They must communicate to each other in a clear manner the name of each signal aspect in advance as soon as it becomes clearly visible. After the name of the signal aspect has been communicated, employees must continue to observe the signal until passed and communicate any change of aspect.

**Rule 303** – (paragraph 3) Engineers are responsible for the observance of and compliance with the indications of all signals affecting the movement of their train.

**Preventive Action:** The conductor and engineer should work as a TEAM. If the conductor is in a position to observe the signal it must be called out to the engineer. The engineer must repeat the signal. This reinforcement will direct you to the primary task of observing fixed signals.

**Summary:** "Two to go" does not authorize you to move until you have ascertained that it is safe to do so. You must observe your surroundings and fixed signals before moving your train.

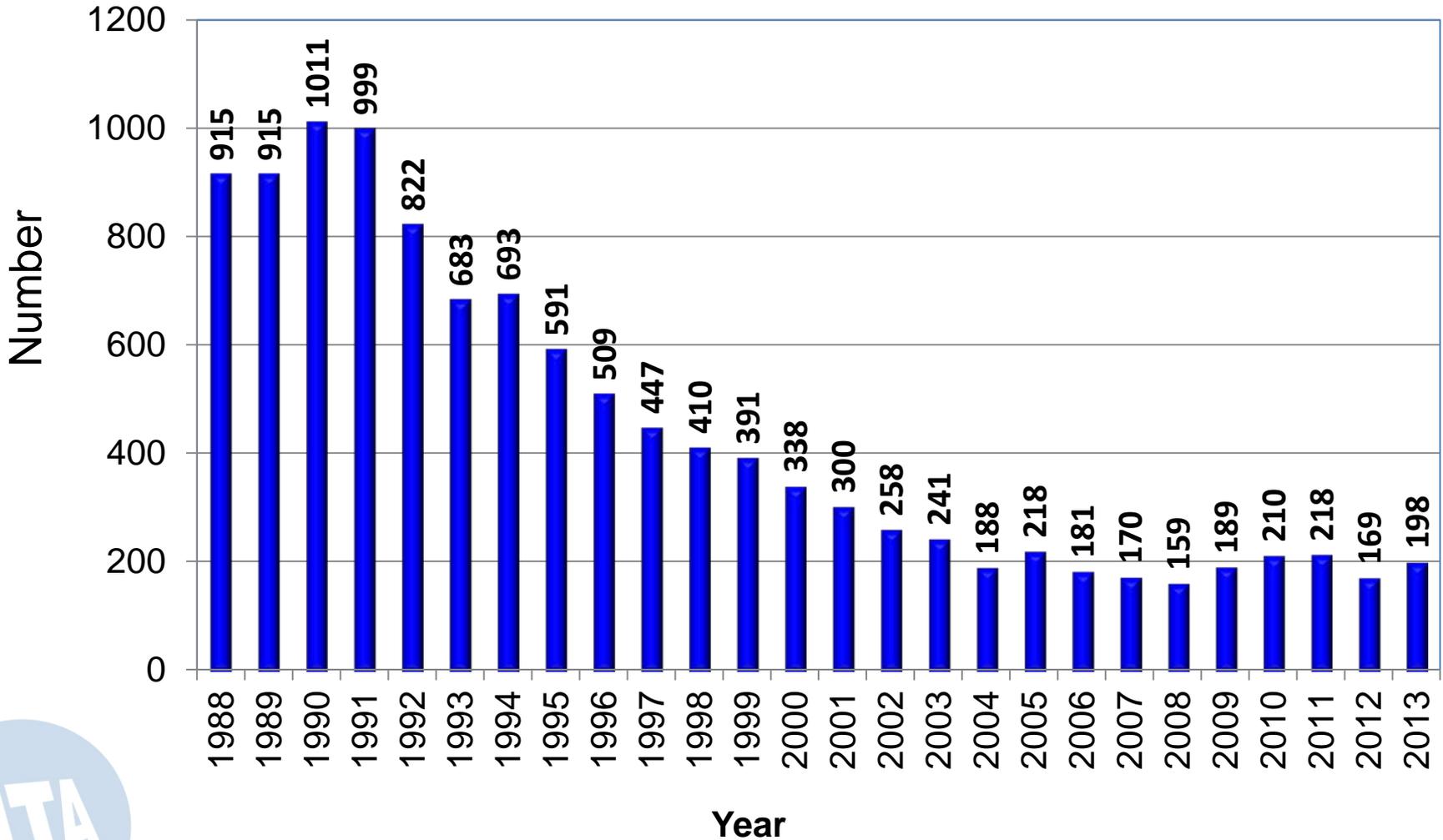
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RED  
ALERT

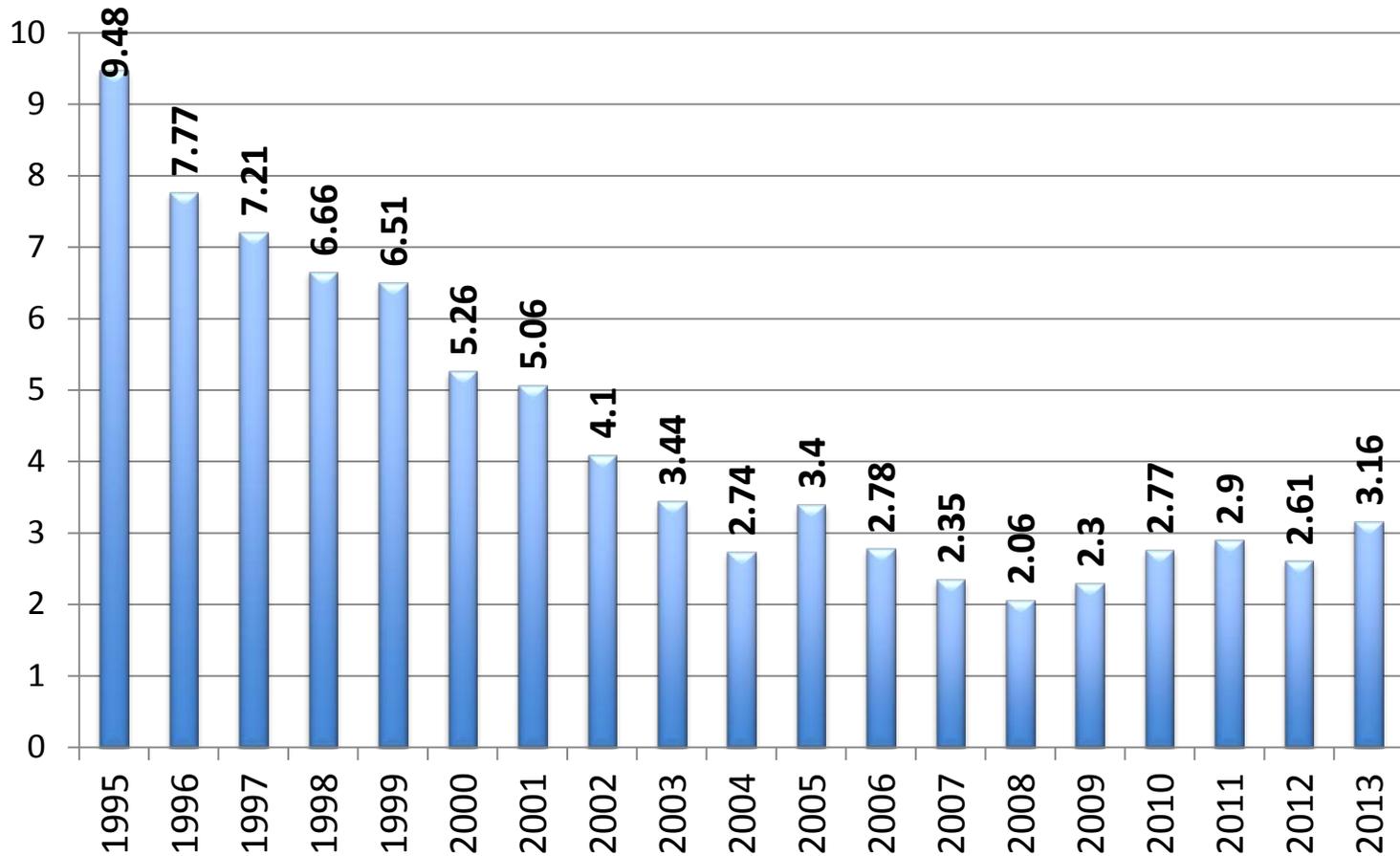
# MTA Long Island Rail Road

## FRA Reportable Employee Accidents Per Year 1988-2013



# MTA Long Island Rail Road

## Employee Lost Time Injury Rate 1995-2013



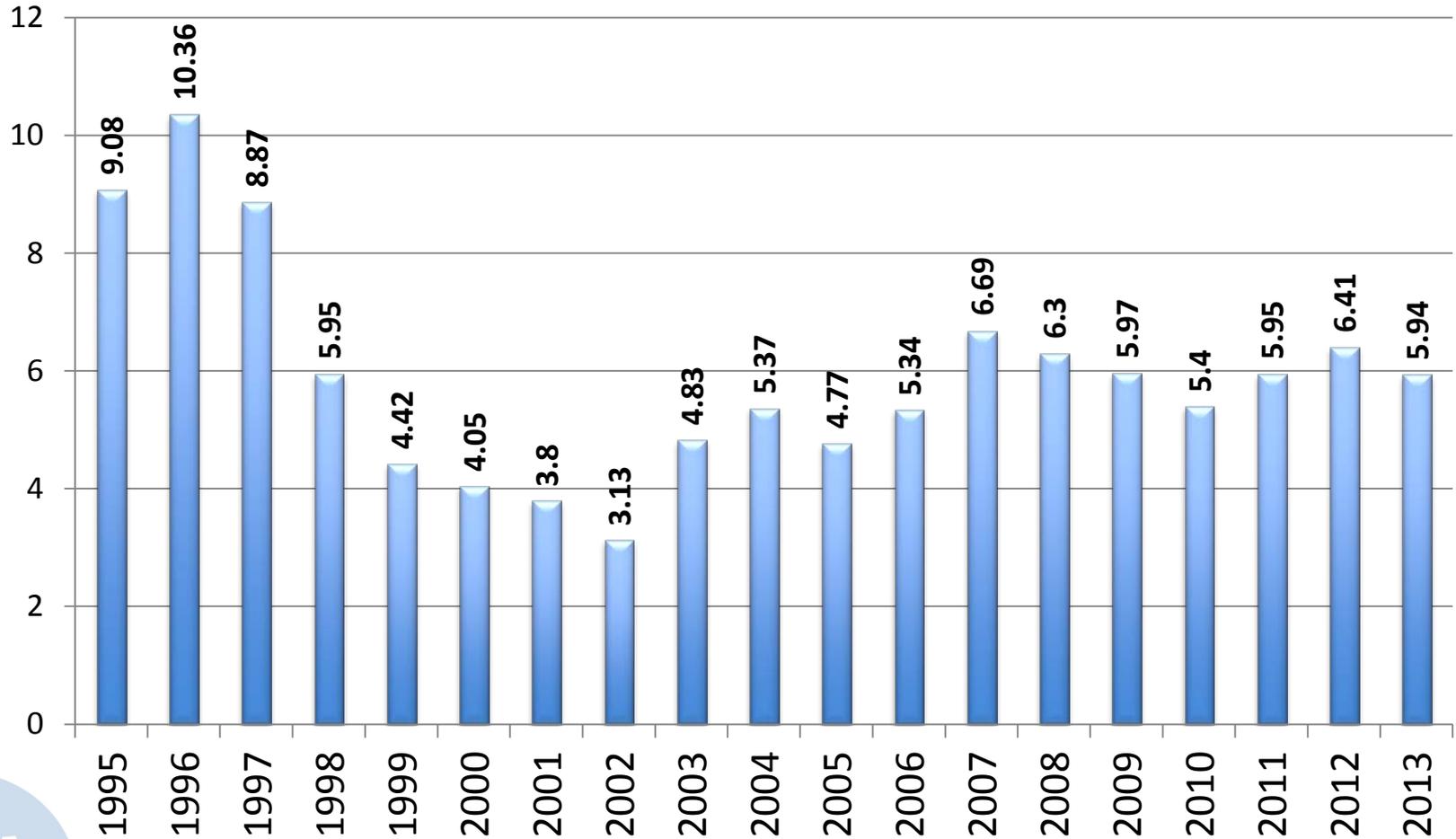
Injury rate is number of employee lost time injuries per 200,000 worker hours.



# MTA Long Island Rail Road

## Customer Injury Rate

### 1995-2013



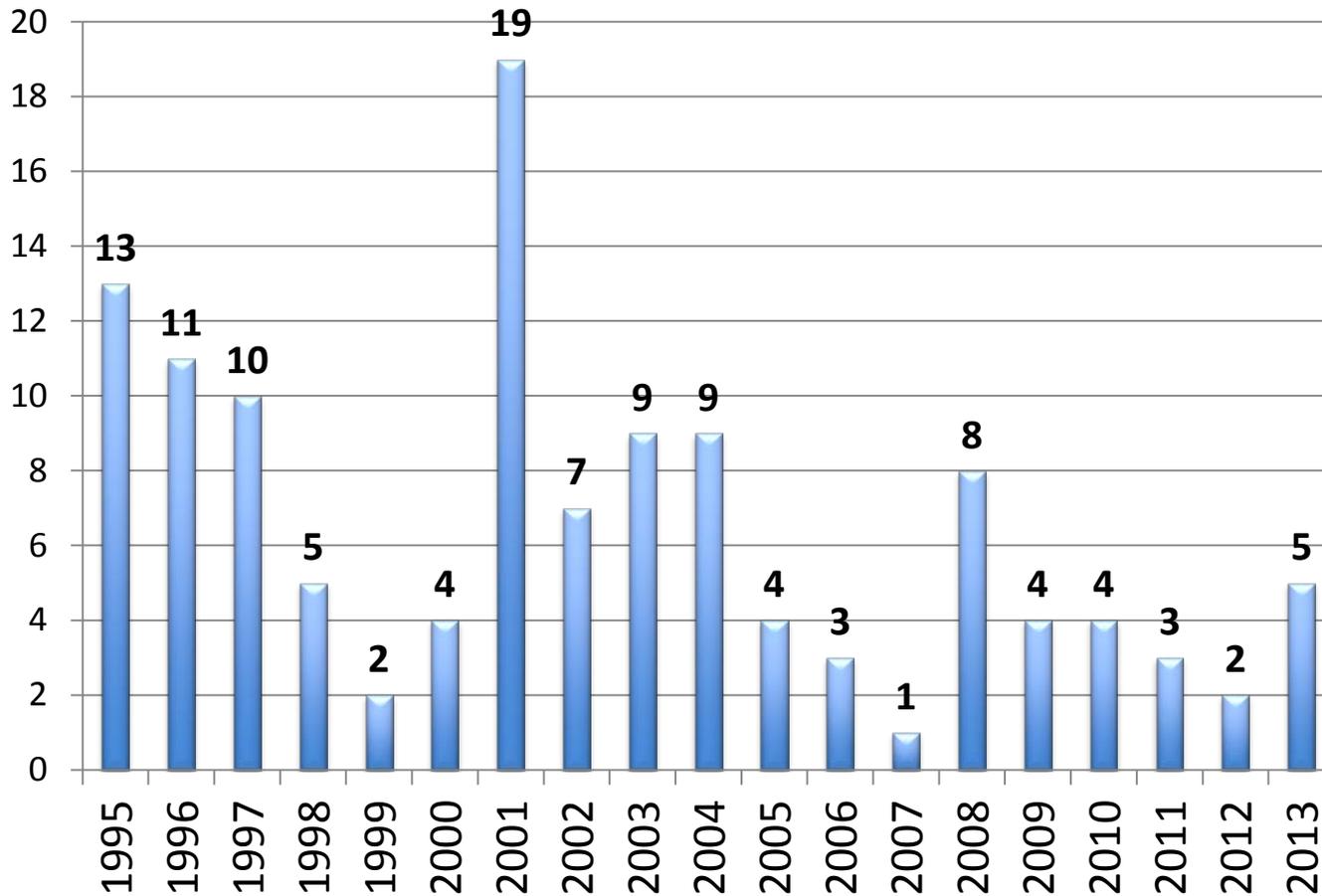
Injury rate is number of injuries per 1,000,000 riders.



# MTA Long Island Rail Road

## Mainline Collisions and Derailments

### 1995-2013

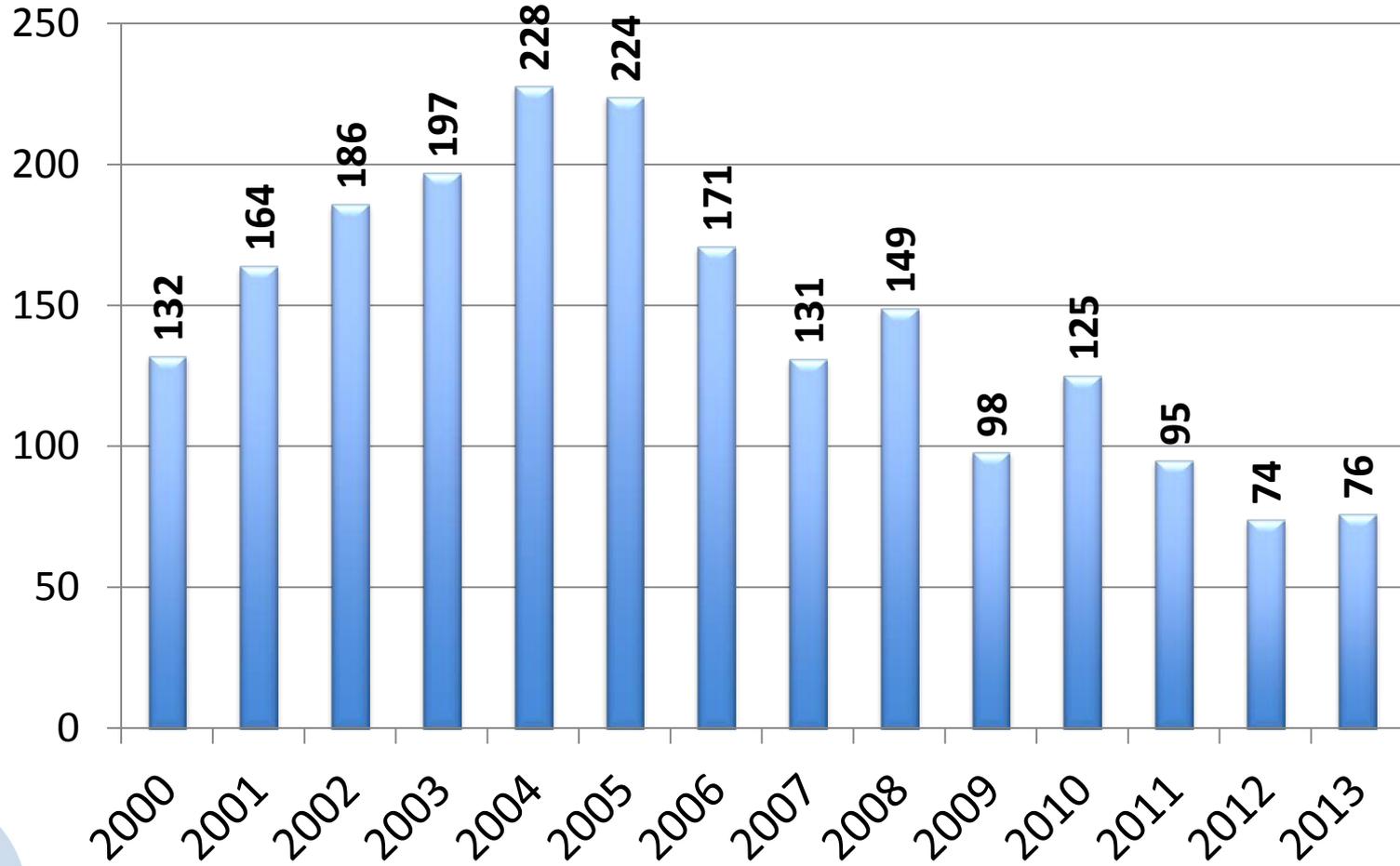


Please note: These numbers include track car, Amtrak, and NYAR incidents.

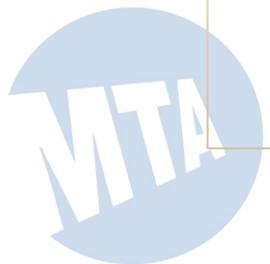
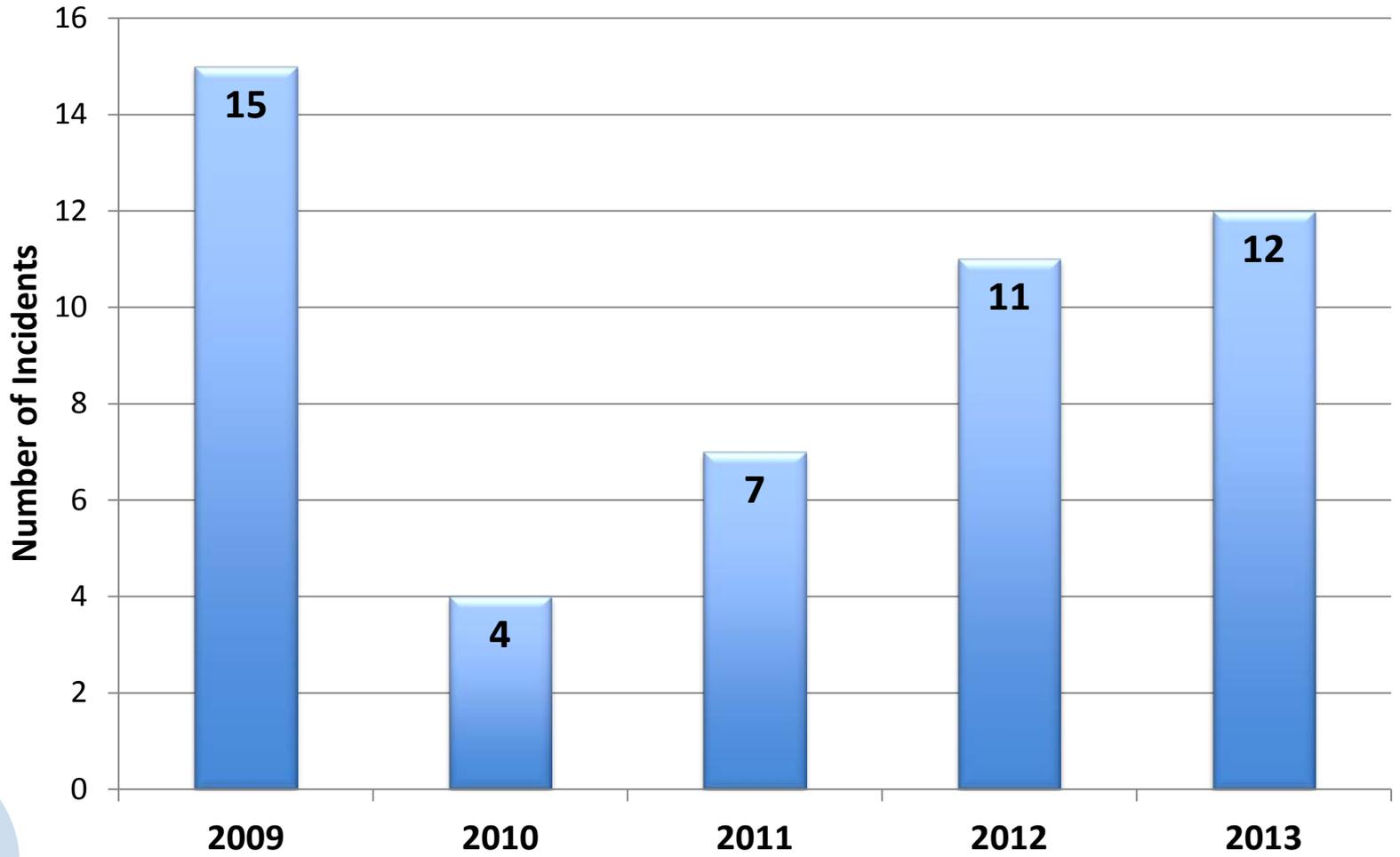


# MTA Long Island Rail Road

## Fires 2000-2013



# Five-Year Grade Crossing Reportable Incidents



# Isn't Your Life Worth The Wait?



Kevin Imm Photography

## Wait For The Gate.



# Training

- Classroom, Field and On-the-Job
- Technology-Based



# Employee Login



Please click the email button or call 1-516-523-1626 for support.

## Existing Accounts

Welcome to the Long Island Rail Road online training

Language:

Employee Id Number:

Password:

By logging into the Long Island Rail Road e-Learning management system, I agree to adhere to the rules and regulations of this e-Learning Agreement.

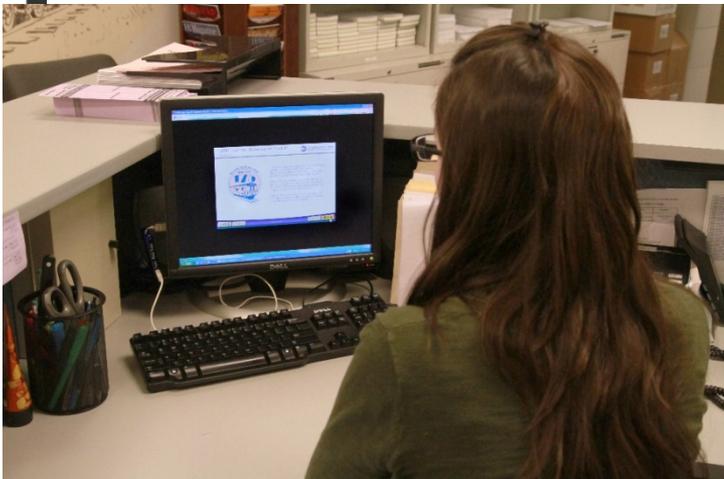
I agree to only log into the system with my personal login information and understand that sharing of individual usernames and passwords is prohibited.

During work hours, I may access courses from the LIRR intranet or the internet. Courses must relate to my job function and/or my professional development. I must obtain supervisory approval prior to participating in e-Learning during work hours. I agree to never access the system from a mobile device while performing safety related service for the company.

During non-work hours, I may voluntarily log into the system from any Internet enabled device. I understand that I will not be compensated for using the e-Learning system on my own time, unless I receive prior approval from my department.

If governed by Title 49 Code of Federal Regulations Part 228 - Hours of Service Railroad Employees, I will not break my rest period for use of the system.

E-Learning usage will be reviewed regularly. Intentional violations of this e-Learning agreement may result in termination of my user name and/or referral for disciplinary action, as appropriate. You may log into the system (by clicking the Submit button or pressing the enter/return key) if you accept the usage terms stated above.



# Next Steps in Promoting a Safety Culture

- Employee
- Customer

