

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

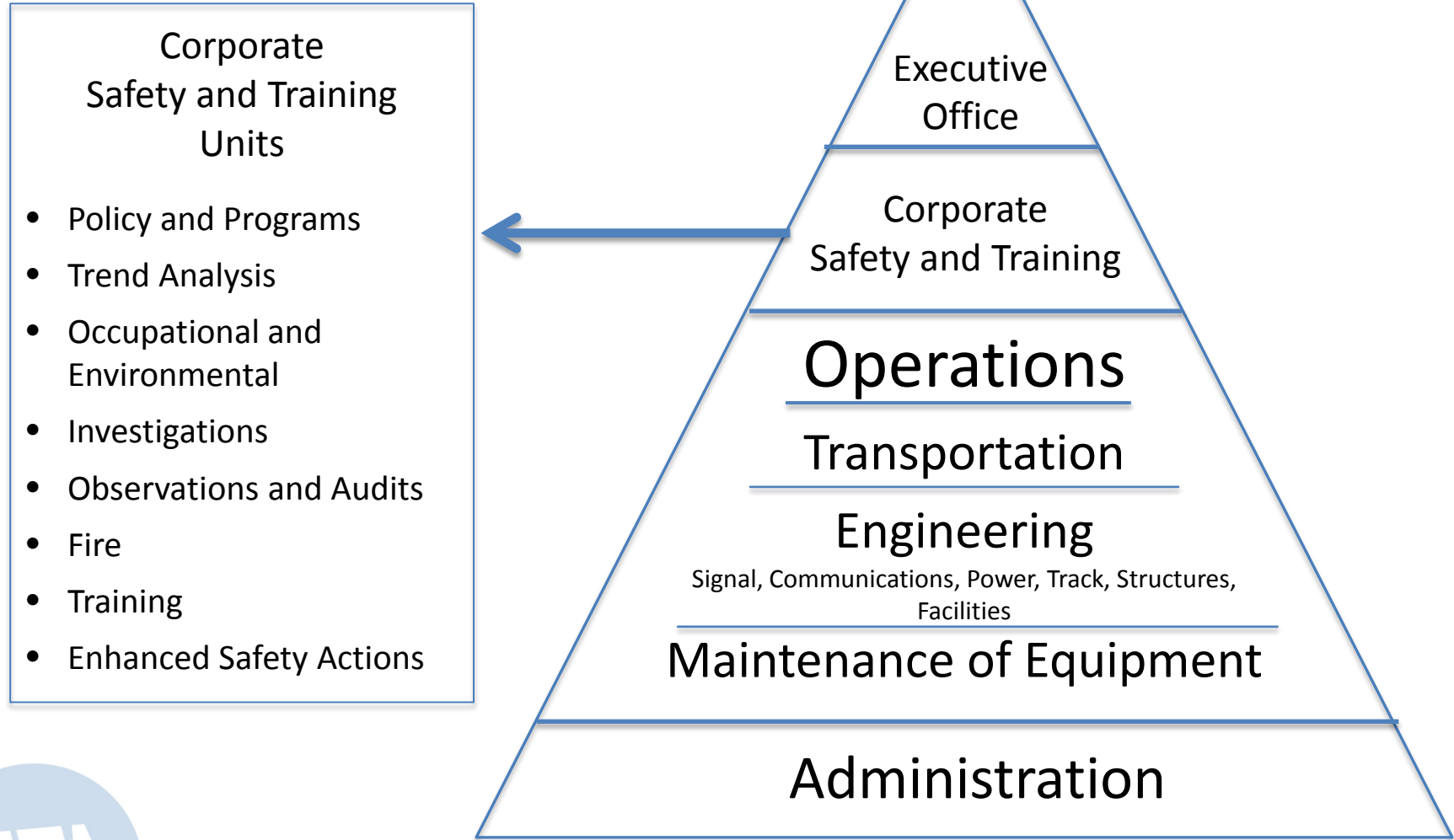


System Safety Program Plan

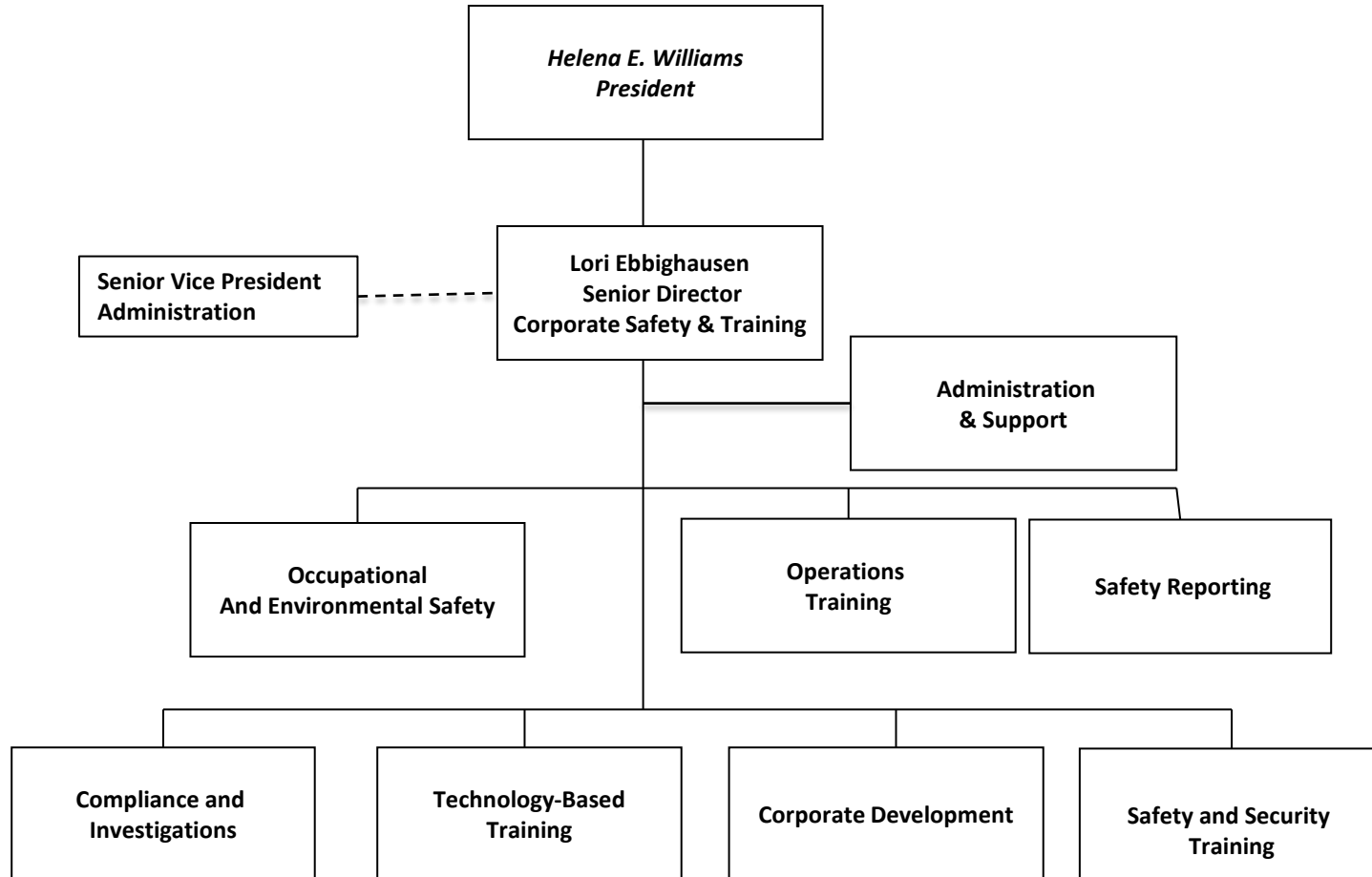
- Corporate Safety Responsibilities
- Department Responsibilities

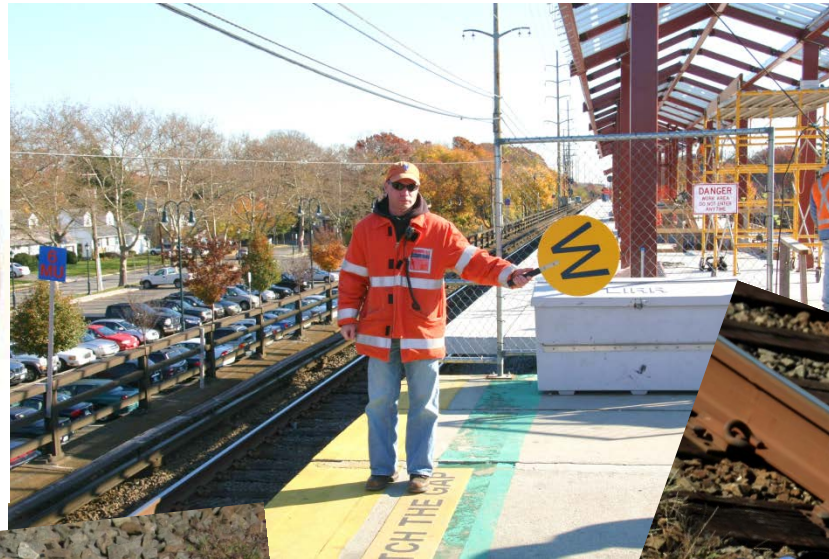


Safety Responsibilities



MTA Long Island Rail Road





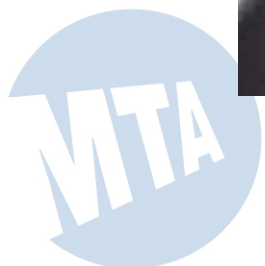






MTA RIGHT OF WAY TASK FORCE

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
Ph: (518) 474-4073 FAX: (518) 486-4487
www.dos.state.ny.us

Notification of completion of the Annual Uniform Code Administration Enforcement Report pursuant to 19 NYCRR 100.1

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:

Submit by Email

Print Form

Page 1 of 6

Reporting Year: 2011

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 be used in conjunction with the LIRR Personal Protective Equipment Corporate Safety Rules for Employees.

III. DEFINITIONS

Reporting existing Corporate Safety Rules for Employees, forming an assessment of hazard exposure. Additional PPE requirements to be used at the LIRR.

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:
Class B - 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 with direct reports that 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 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. 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 or a medical sham.

MTA

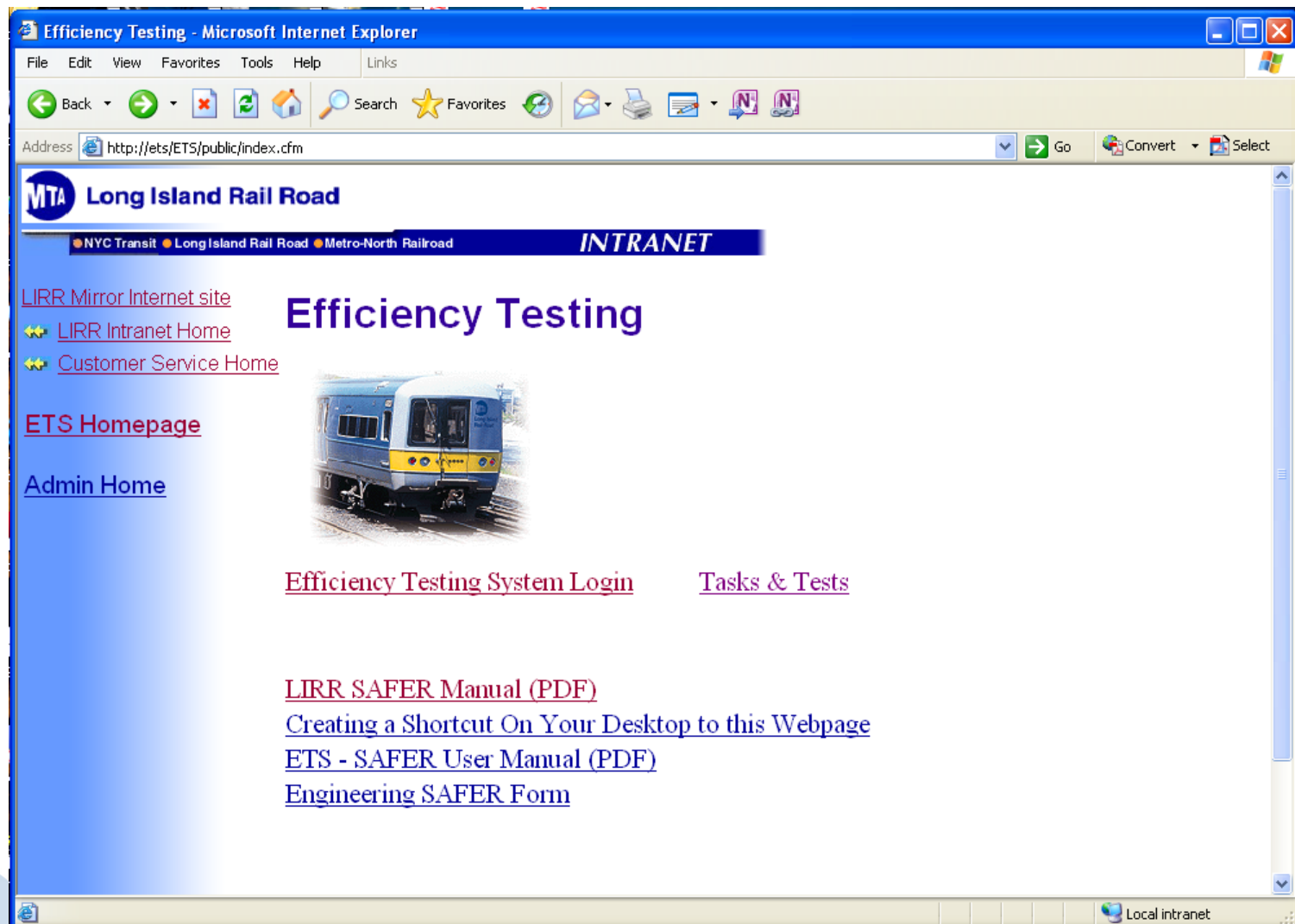
Insert Department Name

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 st Leading Incident	X%
Reportable Employee Injuries	X%	2 nd Leading Incident	X%
Case Rate per 200,000 Hours	X%	3 rd Leading Incident	X%
Customer Injuries	X%	4 th Leading Incident	X%



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 on 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 all reports summarizing

Repetitive Question
As you proceed through the survey, you will notice that some questions are highly similar. This was done to ensure consistency across leadership teams.

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

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 provides safe working conditions.	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

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

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

 Long Island Rail Road





Rail Incident and Accident Investigations

- Rail Incidents
- Accident Investigations
 - Employee
 - Customer



(AR-3)
REV 10/00

LONG ISLAND RAIL ROAD
INITIAL REPORT OF EMPLOYEE ACCIDENT/INCIDENT

FILE NUMBER _____ OCCUP CODE _____ INJ CODE _____ CAUSE CODE _____ POLICE EVENT NO. _____

PART I - INJURED/ILL EMPLOYEE INFORMATION

INJURED EMPLOYEE NAME _____ MF _____ BR/NO _____ OCCUPATION/TITLE _____ AGE _____

HOME ADDRESS _____ PHONE NO. _____

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 _____ SPEED (MPH) _____ NO. CAR/ENGINE/SERIAL _____

CAPITAL PROJECT NO. _____ ENGINE NO. _____ BY WHOM REPORTED _____

TRAIN NO. _____ CAR NO. _____ TO WHOM ACCIDENT REPORTED _____ SUPERVISOR PHONE NO. _____

CONSENT _____ 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)

REFUSED MEDICAL AID _____ PERSONAL PHYSICIAN _____ LSR MEDICAL OFFICE _____

FIRST AID AT SCENE _____ HOSPITAL _____ OTHER (Specify below) _____

ACCIDENT FROM WORK INTERFERED: YES/NO (Specify below) _____

INJURED EMPLOYER'S DESCRIPTION OF HOW ACCIDENT/INCIDENT OCCURRED AND EXACTLY WHAT ACTIVITY WAS BEING DONE, INCLUDING ANY OBJECT, TOOL, EQUIPMENT, SUBSTANCE, CONDITION, ETC. INVOLVED WITH ACCIDENT. IF COMPANY MOTOR VEHICLE ACCIDENT, AN MV-10M 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/L, A RECURRENCE OF SYMPTOMS, OR TO AN AGGRAVATION, WAS EMPLOYEE HOPING TO REPORT TO MEDICAL AS SOON AS PRACTICABLE, PLEASE PRINT EMPLOYEE'S PHONE NUMBER _____

REPORT PREPARED BY: NAME _____ DATE _____ TITLE _____

PHONE NO. _____

MTA Long Island Rail Road



Accident Investigation - Checklist

<input type="checkbox"/> 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
<input type="checkbox"/> 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.
<input type="checkbox"/> Notify Document on the AR20 - section 5(b) Document on the AR20 - section 6	Notify all as per departmental policy. Examples would be the Movement Bureau (3024), CSO Office (3025), Central Hangover (4042), Claims and Safety Department (3003), MTA Police (3000), etc.) Send all collected Evidence to Claims for Documentation and Storage.
<input type="checkbox"/> Collect Evidence Document on the AR20 - section 5(b) 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.
<input type="checkbox"/> Photographs Document on the AR20 - section 6	Make or review sketches made of the area.
<input type="checkbox"/> Sketches Document on the AR20 - section 6	Review and document all safety rules that apply to the accident. Review the safety rule listed for the date the accident occurred.
<input type="checkbox"/> Safety Rules Document on the AR21 - section 5	Document all, if any, Actions that were taken to correct any unsafe conditions.
<input type="checkbox"/> Take Immediate Corrective Action/s Document on the AR21 - section D	
<input type="checkbox"/> Statements / Interviews AR20/21, 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. Print out an employee profile from the MTA Mainframe, attach to the AR20/21. Look at the history to establish any trends or patterns.
<input type="checkbox"/> Employee Profile Document on AR20 Cover Page Check off list	
<input type="checkbox"/> 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 When training is required for the task being performed. Review Date training was performed. Mandatory training has specific mandated requirements. 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.
<input type="checkbox"/> Identify any Systems that require Strengthening. Document on the AR21 - section F	Review document and attached statements for accuracy, phone extensions, employee numbers 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. Direct all questions regarding accuracy back to the Supervisor that completed the form. The Investigation is technically not complete until this is completed.
<input type="checkbox"/> AR20 / 21	Report back your findings to all employee and any other departments or outside agencies that may be affected.
<input type="checkbox"/> Recommended Remedial Actions	
<input type="checkbox"/> Communicate	

Accident Investigation Check List - 3/1904 - Rev. 4

DERAILMENT - WEST SIDE YARD



SYNOPSIS

The Fend truck of car 7160 derailed over the split derailed 113 operating out of 22 track 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 105-106.

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, STOP 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 signal 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 803 – (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.

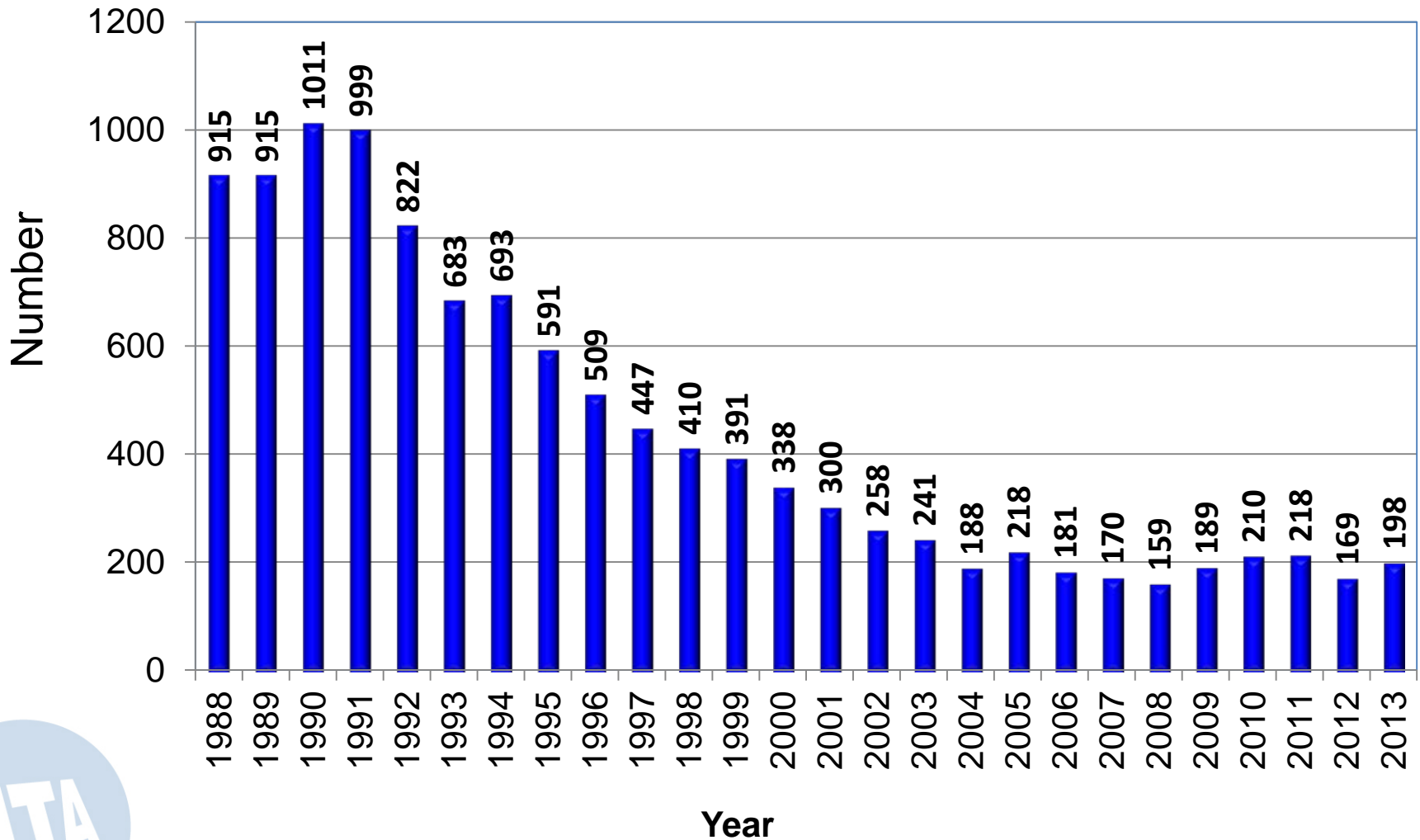
This Red Alert bulletin does not supersede the Operating Rules or Special Instructions. If you have any questions, please contact the proper authority.



RED
ALERT

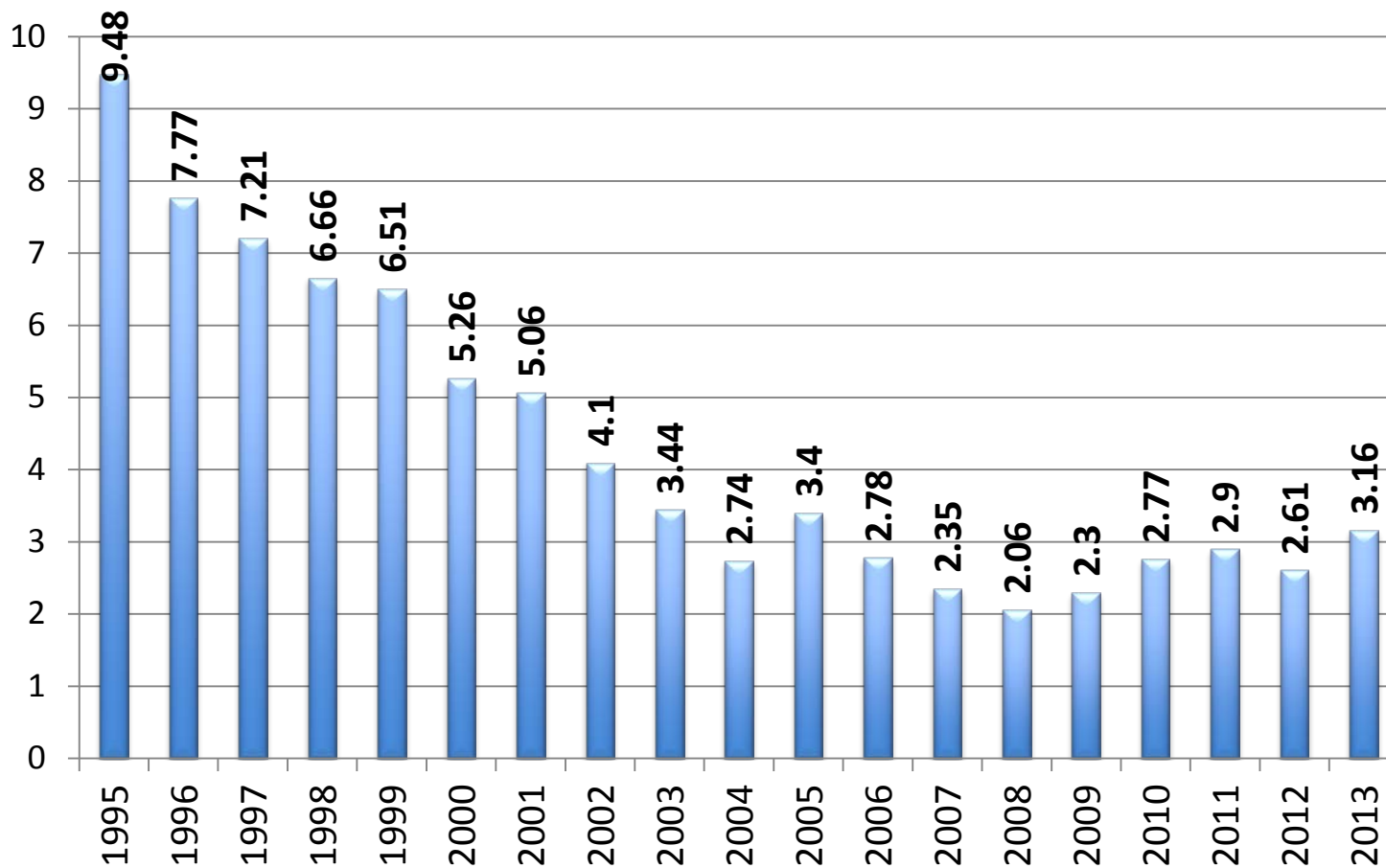
MTA Long Island Rail Road

FRA Reportable Employee Accidents Per Year 1988-2013



MTA Long Island Rail Road

Employee Lost Time Injury Rate 1995-2013

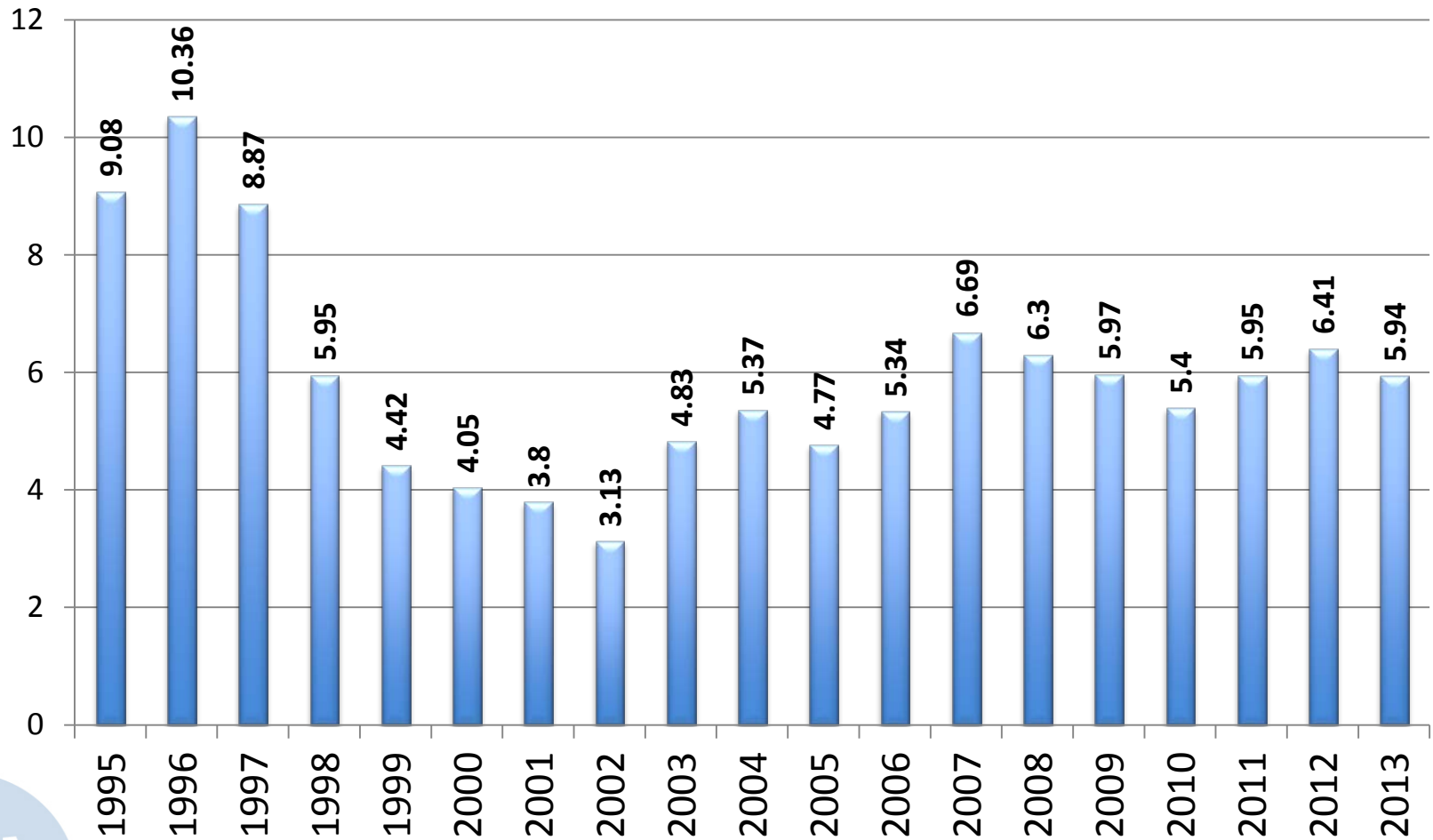


Injury rate is number of employee lost time injuries per 200,000 worker hours.

MTA Long Island Rail Road

Customer Injury Rate

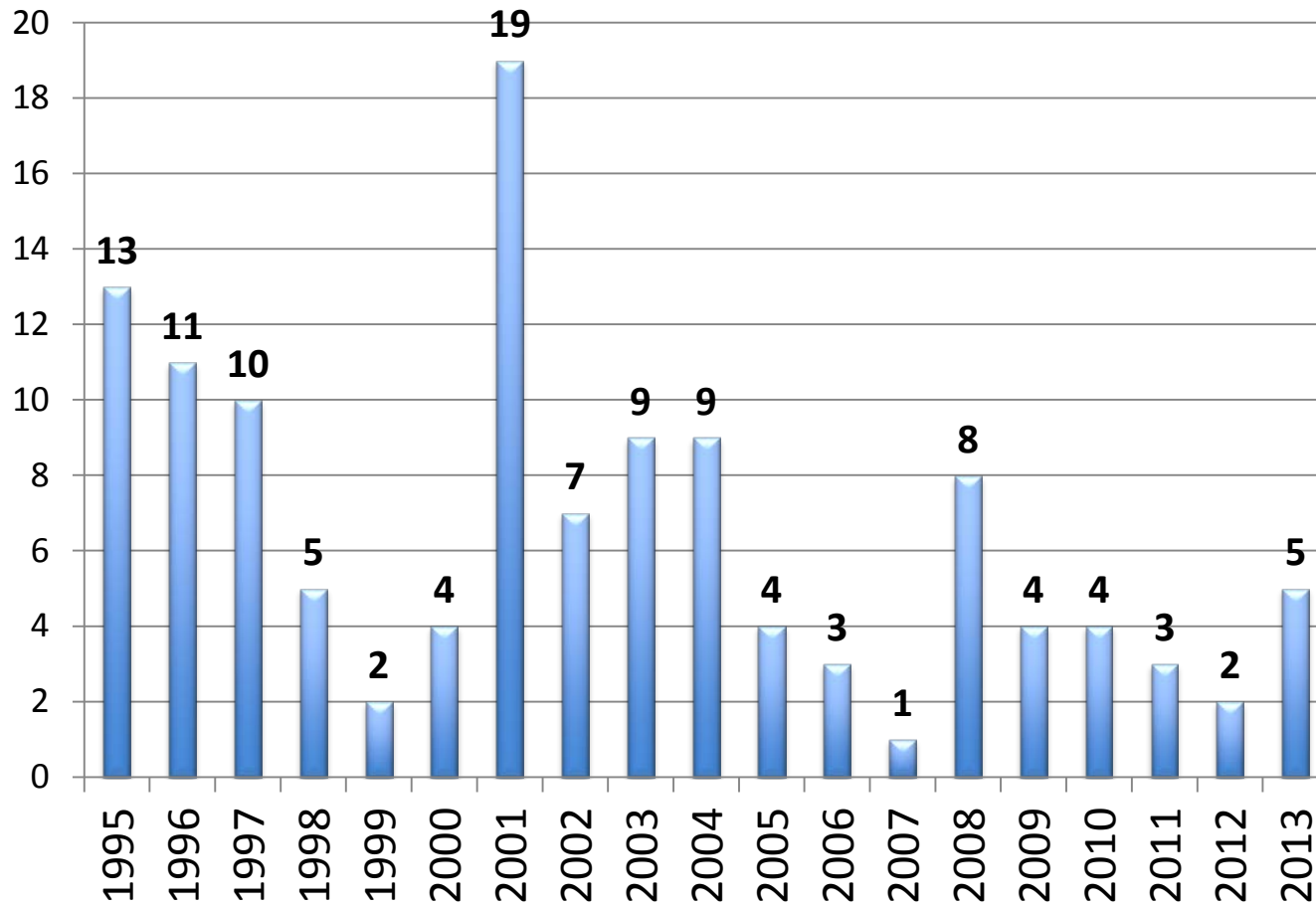
1995-2013



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

MTA Long Island Rail Road

Mainline Collisions and Derailments 1995-2013

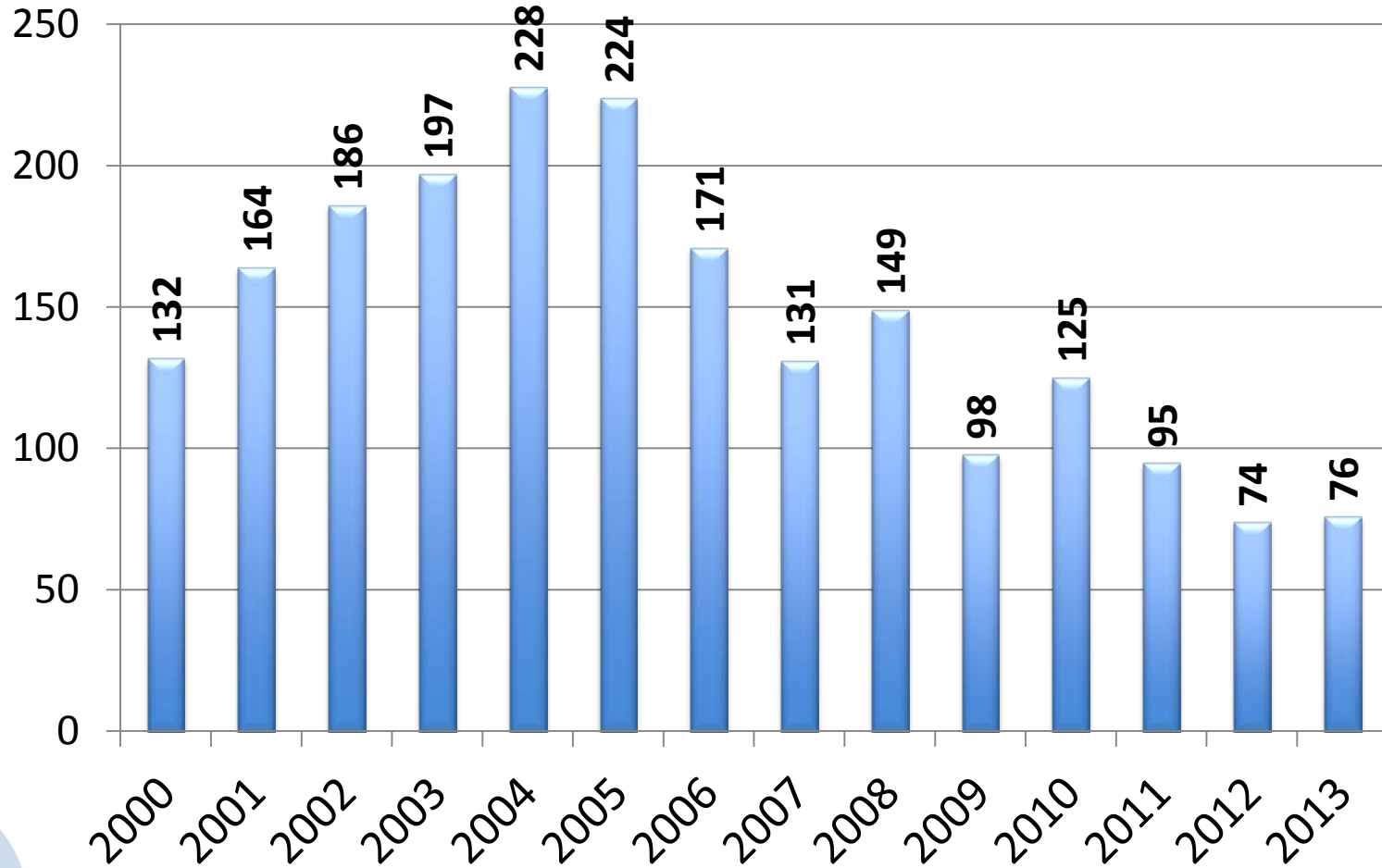


Please note: These numbers include track car, Amtrak, and NYAR incidents.

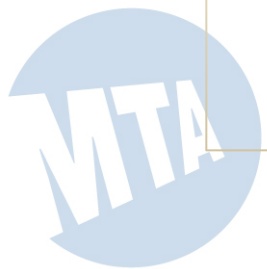
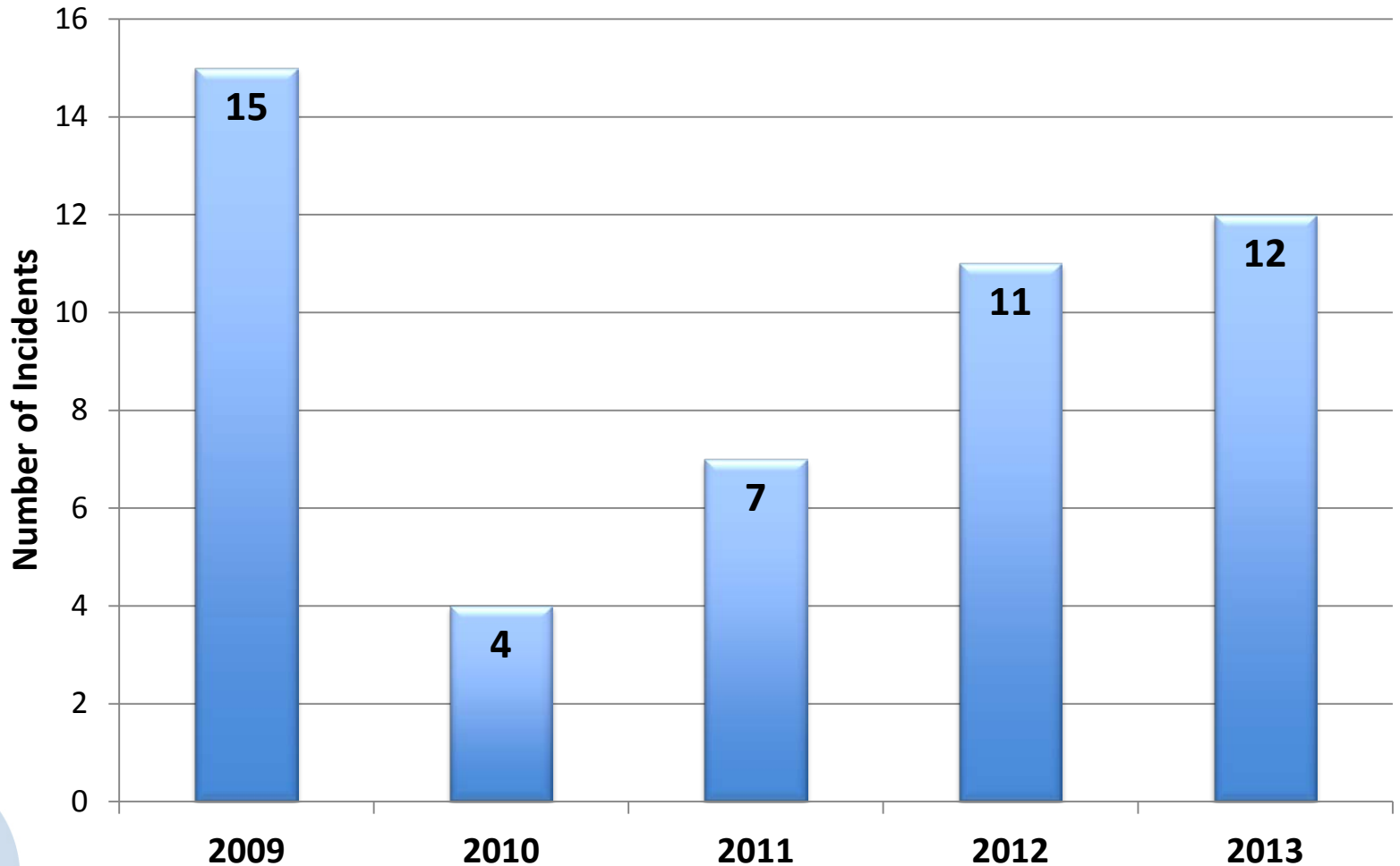


MTA Long Island Rail Road

Fires 2000-2013



Five-Year Grade Crossing Reportable Incidents



Isn't Your Life Worth The Wait?



Kevin Imm Photography

Wait For The Gate.

119 Metropolitan Transportation Authority

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.

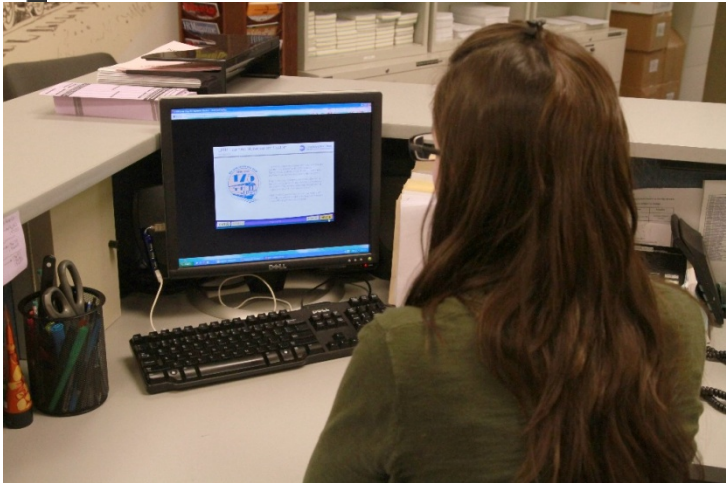
During work hours, I may access courses from the LIRR intranet or the internet. Courses must relate to my job function and/or my professional development. I must obtain supervisory approval prior to participating in e-Learning during work hours. I agree to never access the system from a mobile device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

Submit



Next Steps in Promoting a Safety Culture

- Employee
- Customer

