

DO NOT REPORT TRAIN ACCIDENTS OR CRIMINAL ACTIVITIES ON THIS FORM. ACCIDENTS AND CRIMINAL ACTIVITIES ARE NOT INCLUDED IN THE C³RS PROGRAM AND SHOULD NOT BE SUBMITTED TO NASA. ALL IDENTITIES CONTAINED IN THIS REPORT WILL BE REMOVED TO ASSURE COMPLETE RE-

IDENTIFICATION STRIP: Please fill in all blanks to ensure return of ID strip to you.

(SPACE BELOW RESERVED FOR NASA DATE/TIME STAMP)

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 Area _____ No. _____ Hours _____ OH OM OW

ALTERNATE Area _____ No. _____ Hours _____ OH OM OW

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EVENT LOCATION

Division / Subdivision _____

Facility _____

Milepost _____ State _____

Nearest Station _____

CARRIER / RAILROAD _____

DATE OF OCCURRENCE _____

(MM/DD/YYYY)

LOCAL TIME (24 hr. clock) _____

(HH:MM)

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

REPORTER			CERTIFICATION	
<input type="checkbox"/> Boiler Maker	<input type="checkbox"/> Hostler (Inside)	<input type="checkbox"/> Pipe Fitter	<input type="checkbox"/> Air Brake Inspections	<input type="checkbox"/> Locomotive Inspection
<input type="checkbox"/> Carman	<input type="checkbox"/> Laborer	<input type="checkbox"/> Trainee	<input type="checkbox"/> Blue Signal Protection	<input type="checkbox"/> Passenger Car Inspection
<input type="checkbox"/> Electrician	<input type="checkbox"/> Machinist	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Conductor Certification	<input type="checkbox"/> Rear End Marker/EOT
<input type="checkbox"/> Foreman	<input type="checkbox"/> Manager		<input type="checkbox"/> FRA Glazing	<input type="checkbox"/> Safety Appliances
			<input type="checkbox"/> Freight Car Inspection	<input type="checkbox"/> Other: _____
			<input type="checkbox"/> Locomotive Engineer Certification	
REPORTER EXPERIENCE		WORK GROUP SIZE	SHIFT DURING EVENT	
Railroad Years _____ yrs		Work Group Size _____	At time of incident, were you on	Hours into Shift _____ hrs
Years in Craft _____ yrs			<input type="checkbox"/> Assigned Shift <input type="checkbox"/> Emergency Duty	
			<input type="checkbox"/> Overtime Duty <input type="checkbox"/> Other: _____	
REPORTER LOCATION		WEATHER	LIGHT / VISIBILITY	
<input type="radio"/> Yard	<input type="radio"/> Shop	<input type="radio"/> Other Track	<input type="checkbox"/> Clear	<input type="checkbox"/> Snow
<input type="radio"/> Adjacent to track/on ground	<input type="radio"/> On/under/between Rolling Equipment	<input type="checkbox"/> Fog	<input type="checkbox"/> Wind	<input type="checkbox"/> Hail
<input type="radio"/> Office/Crew Facility	<input type="radio"/> Station Platform	<input type="checkbox"/> Ice	<input type="checkbox"/> Haze/Smoke	<input type="checkbox"/> Thunderstorm/Lightning
<input type="radio"/> On/under/between Motive Power	<input type="radio"/> Other: _____	<input type="checkbox"/> Rain	<input type="checkbox"/> Other: _____	
			<input type="checkbox"/> Reduced Visibility _____ feet	
ACTIVITY				
<input type="checkbox"/> Blocking/Jacking/Rerailing	<input type="checkbox"/> Installation	<input type="checkbox"/> Scheduled Maintenance	Were job/safety briefings completed?	
<input type="checkbox"/> Documentation	<input type="checkbox"/> Operating Vehicle/Equipment	<input type="checkbox"/> Testing	O Yes O No	
<input type="checkbox"/> Inspection	<input type="checkbox"/> Repair/Replace	<input type="checkbox"/> Other: _____		
EQUIPMENT				
Locomotives	Total Head End # _____	Remote Control	O Yes	O No
	Locomotive Make/Model _____	Distributed Power	O Yes	O No
Passenger	# of Cars _____	# in Service _____	Cab Car Controlling	O Yes O No
Freight	Loads _____	Empties _____	Tons _____	Length _____ feet
Status	Records complete	O Yes	O No	Released for service
	Required/correct documents on board	O Yes	O No	Moving for repair
	Maintenance deferred	O Yes	O No	
Type	O Passenger/Commuter	O Freight	O Other: _____	Involved Car Kind _____
Location	<input type="checkbox"/> Main Track	<input type="checkbox"/> Yard	<input type="checkbox"/> Passenger Station	<input type="checkbox"/> Industry
Operating Rules	<input type="checkbox"/> GCOR	<input type="checkbox"/> NORAC	O Other: _____	Blue Signal Protection
				O Yes O No

If more than one equipment was involved, please describe additional equipment in the "Describe Event/Situation" section.

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

NASA, through agreements with the Federal Railroad Administration, is managing, operating, and accepting reports for the Railroad Confidential Close Call Reporting System (C³RS). The C³RS 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 C³RS 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 at address below OR submit your report through a secure, electronic submission (ERS) process.

Thank you for your contribution to railroad safety.

NOTE: TRAIN ACCIDENTS AND/OR CRIMINAL ACTS SHOULD NOT BE REPORTED ON THIS FORM.
SUCH EVENTS SHOULD BE FILED THROUGH APPROPRIATE AUTHORITIES.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. The OMB control number for this information collection is 2700-0172. We estimate that it will take about 30 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: P.O. Box 189 Moffett Field, CA 94035-0189.

If you want to mail this form, please fold both pages (and additional pages if required), enclose in a sealed, stamped envelope, and mail to:



NASA CONFIDENTIAL CLOSE CALL REPORTING SYSTEM
POST OFFICE BOX 177
MOFFETT FIELD, CALIFORNIA 94035-0177

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. (USE ADDITIONAL PAPER IF NEEDED)

CHAIN OF EVENTS

- How the problem arose
- How it was discovered
- Contributing factors
- Corrective actions

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HUMAN PERFORMANCE CONSIDERATIONS

- Perceptions, judgments, decisions
- Actions or inactions
- Factors affecting the quality of human performance

DESCRIBE EVENT/SITUATION, continued...

CHAIN OF EVENTS

- How the problem arose
- Contributing factors
- How it was discovered
- Corrective actions

HUMAN PERFORMANCE CONSIDERATIONS

- Perceptions, judgments, decisions
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