

RAILROAD TECHNOLOGY FAILURE REPORT

POSITIVE TRAIN CONTROL (PTC) - TRIP OPTIMIZER / LEADER

To better understand and evaluate the use of certain technologies being implemented by the Carrier, the Organization is seeking information regarding their operation. In order for the Organization to formulate a plan to protect our members, the general public, and ensure the safety of the nation's infrastructure, we are asking members to provide information when incidents or events occur regarding these technologies.

Did the event involve: PTC; Trip Optimizer/Leader; or Both

In what state did the event occur? _____

Railroad property involved: _____

Date of incident: _____ Train ID / Symbol: _____

Territory where the event occurred (Division/Subdivision/Yard/etc.): _____

Please briefly describe in detail what occurred. Please state the facts as they occurred with as much detail as possible:

(add additional sheet, if needed)

If PTC, was communication lost: YES or NO

Was communication regained: YES or NO

If PTC communication was lost at an area commonly known to lose communication, please list what is thought to be the cause (e.g. tunnel, mountain, etc.): _____

During the event, was it necessary for the crew to intervene to operate the train: YES or NO

Excluding a penalty brake application; during the event, was the train/equipment capable of stopping itself without human intervention: YES or NO

During the event, was the train/equipment capable of controlling its own speed without human intervention:
 YES or NO

During the event, was the train/equipment capable of identifying its location and properly traversing over specific territory characteristics without human intervention (e.g. track number, speed restriction, work authority, switch, crossover, etc.): YES or NO

Did a human have to complete the trip/assignment: YES or NO

Was a call made for assistance: YES or NO If yes, date & time: _____

If no, did railroad (RR) rules/regulations prevent you from calling: YES or NO

Was a report of the event provided to the RR: YES or NO If yes, date: _____

On-duty milepost: _____ On-duty date & time: _____

Off-duty milepost: _____ Off-duty date & time: _____

TRAIN MAKE-UP

Loads: _____ Empties: _____ Tons: _____

LOCOMOTIVES

Initials	Number	On-line	DP Unit
_____	_____	<input type="checkbox"/> YES or <input type="checkbox"/> NO	<input type="checkbox"/> YES or <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES or <input type="checkbox"/> NO	<input type="checkbox"/> YES or <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES or <input type="checkbox"/> NO	<input type="checkbox"/> YES or <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES or <input type="checkbox"/> NO	<input type="checkbox"/> YES or <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES or <input type="checkbox"/> NO	<input type="checkbox"/> YES or <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES or <input type="checkbox"/> NO	<input type="checkbox"/> YES or <input type="checkbox"/> NO

Employee submitting: _____ Craft (EN/CO/FO/SW/BK/etc.): _____

Contact Number: _____ Email Address: _____

Local Number: _____ Date: _____

Once a form has been completed, please fax to 740-533-9055 or email to rtechreport@gmail.com. If unable to fax or email, please give a copy to a Local representative that is capable of submitting the document for you.