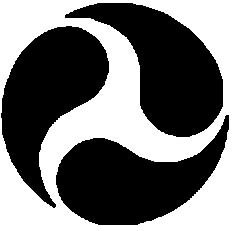
**FRA Guide for Preparing Accident/Incident Reports**



### U.S. Department of Transportation Federal Railroad Administration

**Office of Railroad Safety**

DOT/FRA/RRS-22

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MAIL MONTHLY ACCIDENT/INCIDENT REPORTING SUBMISSIONS TO:

FRA Project Office

2600 Park Tower Drive, Suite 1000

Vienna, VA 22180

Please refer to [http://safetydata.fra.dot.gov/OfficeofSafety,](http://safetydata.fra.dot.gov/OfficeofSafety) and click on “Click Here for Changes in Accident/Incident Recordkeeping and Reporting” for updated information.

## Preface

The Federal Railroad Administration’s (FRA) regulations on reporting railroad accidents/incidents are found primarily in Title 49 Code of Federal Regulations (CFR) Part 225.1 The purpose of the regulations in Part 225 is to provide FRA with accurate information concerning the hazards and risks that exist on the Nation’s railroads. See § 225.1. FRA needs this information to effectively carry out its regulatory and enforcement responsibilities under the Federal railroad safety statutes.2 FRA also uses this information for determining comparative trends of railroad safety and to develop hazard elimination and risk reduction programs that focus on preventing railroad injuries and accidents.

1 For brevity, further references in the Guide to sections in 49 CFR Part 225 will omit “49 CFR” and include only the section, e.g., § 225.9.

2 Title 49 U.S.C. chapters 51, 201–213.

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**Executive Summary**

In 1910, Congress enacted the Accident Reports Act, Public Law No. 165, recodified at

49 U.S.C. §§ 20901–20903, as amended. The Accident Reports Act, as amended, requires, in part, that railroad carriers file with the Secretary of Transportation reports on ***“all accidents and incidents resulting in injury or death to an individual or damage to equipment or a roadbed arising from the carrier’s operations during the month”*** (emphasis added). The Secretary of Transportation subsequently delegated the authority to carry out the Accident Reports Act to the Federal Railroad Administration (FRA). 49 U.S.C 103(c)(1); 49 CFR 1.49(c)(11). The accident/incident reporting regulations at 49 CFR Part 225 were originally issued pursuant to the Accident Reports Act of 1910.

Sixty years later, Congress enacted the Federal Railroad Safety Act of 1970. Public Law No. 91- 458, recodified primarily at 49 U.S.C. chapter 201, with penalty provisions in 49 U.S.C. chapter 213, as amended. FRA’s accident/incident reporting requirements, 49 CFR Part 225, are currently issued under the dual statutory authority of the Accident Reports Act of 1910 and the Federal Railroad Safety Act of 1970.

On December 29, 1970, Congress enacted the Occupational Safety and Health Act (OSH Act). While the OSH Act gives the Secretary of Labor a broad, general authority to regulate working conditions that affect the occupational safety and health of employees, it also recognizes the existence of similar authority in other Federal agencies. Section 4(b)(1) of the OSH Act provides that the OSH Act shall not apply to working conditions to which another Federal agency exercises statutory authority to prescribe or enforce standards or regulations affecting occupational safety or health. The OSH Act also requires that the Secretary of Labor issue rules to develop and maintain an effective program of collection, compilation, and analysis of occupational safety and health statistics. This data is compiled in a national database by the Department of Labor (DOL) and used to chart the magnitude and nature of occupational injury and illness problems across the country.

Because FRA exercises statutory authority to prescribe and enforce standards and regulations for all areas of railroad safety under the Federal Railroad Safety Act of 1970, the Occupational Safety and Health Administration’s (OSHA) jurisdiction may be preempted by FRA under section 4(b)(1) of the OSH Act with regard to certain matters related to railroad safety. See Policy Statement asserting FRA jurisdiction over matters involving the safety of railroad operations, 43 FR 10584 (March 14, 1978). With respect to employee injury and illness recordkeeping, however, the Occupational Safety and Health Review Commission (OSHRC) ruled that employee injury and illness recordkeeping does not come within the purview of section 4(b)(1) of the OSH Act and, therefore, OSHA’s jurisdiction has not been displaced by FRA’s recordkeeping regulations. *Secretary of Labor* v. *Conrail* (OSHRC Docket No. 80-3495, 1982). Consequently, a railroad over which FRA exercises jurisdiction must comply with the employee injury and illness recordkeeping requirements promulgated by both FRA and OSHA. Nevertheless, because FRA’s employee injury and illness recordkeeping/reporting requirements employ equivalent standards to those promulgated by OSHA, OSHA does not require railroad

carriers to maintain OSHA records in addition to FRA records. Rather, railroad carriers are only required to record and report employee injuries and illnesses to FRA in accordance with FRA’s regulations. See 29 CFR § 1904.3.

Consequently, FRA’s accident/incident reporting regulations that concern railroad occupational casualties should be maintained, to the extent practicable, in general conformity with OSHA’s recordkeeping and reporting regulations to permit comparability of data on occupational casualties between various industries, to allow integration of railroad industry data into national statistical databases, and to improve the quality of data available for analysis of casualties in railroad accidents/incidents. FRA makes all employee injury and illness data available to OSHA for use in its complementary program of regulation and provides the data to the Bureau of Labor Statistics each year.

In order to have a database that allows accurate comparison between industries, the rules that FRA uses must be modified whenever OSHA makes significant changes that affect the number and types of work-related deaths, injuries, and illnesses for which records are to be maintained, and the manner in which these are to be classified. Such a change occurred for the first time (since OSHA’s original reporting requirements were implemented in 1971) on January 1, 2002, when revised OSHA recordkeeping requirements became effective. In response, FRA amended its own accident/incident reporting rules, effective May 1, 2003, to conform with OSHA’s amended rules in addition to making other miscellaneous amendments.

FRA now finds it necessary to make appropriate changes to its regulations in response to issues identified by FRA in its administration of the current accident/incident recordkeeping and reporting program. Specifically, FRA is amending its accident/incident reporting regulations in order to:

* Better conform certain of the regulations’ definitions to those set forth in 49 U.S.C. 20102, as amended.
* Require the reporting and recording of certain suicide data.
* Require the reporting of longitude and latitude for trespasser casualties and reportable rail equipment accidents.
* Include a comprehensive list of accident/incident reporting exceptions.
* Allow for consolidated accident/incident reporting by integrated railroad systems.
* Add necessary definitions.
* Set system standards for the electronic retention of accident/incident reporting records by railroads.
* Clarify ambiguous definitions and regulations.
* Update regulatory text, as applicable.
* Enhance the quality of information available for railroad casualty analysis.
* Limit which highway-rail grade crossing fatalities must be telephonically reported to the National Response Center (NRC).
* Amend the Telephonic Reporting Chart to conform to the regulatory text.
* Clarify and refine the requirements and criteria for using and retaining Form FRA F6180.107, “Alternative Record for Illnesses Claimed to be Work-Related,” and the alternative railroad-designed record.
* Eliminate the oath and notarization requirements on Form FRA F6180.55, “Railroad Injury and Illness Summary.”
* Allow for the electronic submission of Form FRA F 6180.55, “Railroad Injury and Illness Summary.” Allow for submission of Form FRA F 6180.55 and Form FRA F 6180.81 in

.pdf or .jpg format.

* Set forth record retention requirements for certain accident/incident recordkeeping and reporting records not previously addressed.
* Set forth requirements for electronic accident/incident recordkeeping systems.
* Update FRA’s address information.
* Require railroads to try to obtain documentation regarding: cause of death for trespassers and, in particular, suicides.
* Require railroads to obtain information about the nature and severity of highway-rail grade crossing casualties by contacting highway users in writing using the Form FRA F 6180.150, “Highway User Injury Inquiry Form,” and, if unsuccessful, by phone.
* Set forth the requirements for the Form FRA F 6180.150 and the accompanying cover letter (See sample cover letter contained in Appendix N).

In addition to amending its regulations, FRA is revising the FRA Guide for Preparing Accident/Incident Reports (FRA Guide), certain accident/incident recordkeeping and reporting forms, and its companion guide: Guidelines for Submitting Accident/Incident Reports by Alternative Methods (Companion Guide).

Please refer to <http://safetydata.fra.dot.gov/OfficeofSafety>and click on “Click Here for Changes in Accident/Incident Recordkeeping and Reporting” for updated information regarding changes.

1. **Overview of Railroad Accident/Incident Recordkeeping and Reporting Requirements and Miscellaneous Provisions and Information**

#### General

This chapter provides an overview of FRA’s accident/incident recordkeeping and reporting requirements.

##### *Purpose of the FRA Guide for Preparing Accident/Incident Reports*

The FRA Guide provides instructions and guidance associated with FRA’s accident/incident recordkeeping and reporting requirements. The FRA Guide is a supplement to Part 225 and is not a replacement for the regulatory text. Federal railroad safety regulations at § 225.11 and

§ 225.21 require that each railroad subject to Part 225 complete reports and records of accidents/incidents in accordance with the current FRA Guide.

##### *Applicability*

To determine if Part 225 applies to a railroad, in whole or in part, see § 225.3, “Applicability.” See also “Extent and Exercise of FRA’s Safety Jurisdiction,” Part 209, Appendix A, and “Statement of Agency Policy Concerning Waivers Related to Shared Use Trackage or Rights-of- Way by Light Rail and Conventional Operations,” Part 211, Appendix A.

##### *Consolidated Reporting*

Under certain circumstances, a parent corporation with commonly controlled railroad carriers that operate as a single, seamless, integrated U.S. rail system, may be considered by FRA as a single railroad for purposes of Part 225 compliance. See § 225.6.

#### Major Recordkeeping and Reporting Requirements Under Part 225

There are many recordkeeping and reporting requirements arising from Part 225. The following is a summarized listing of FRA’s major recordkeeping and reporting requirements for all railroads subject to Part 225. This listing is a summary only and does not replace the regulatory text or requirements set forth in the Code of Federal Regulations. Narratives are included when supplemental information, requirements, or guidance is warranted.

##### *Telephonic Reporting*

Railroads must make immediate telephonic notification of certain accidents/incidents. See

§ 225.9. For supplemental information, see Appendix M.

*Additional Telephonic Reporting Requirements Related to Accidents.* There are four additional sections in chapter II of 49 CFR that require telephonic reporting related to accidents. These sections are listed below for informational purposes.

**49 CFR 229.17** – *Railroad Locomotive Safety Standards; Accident reports*. Under this section, in the case of an accident due to a failure from any cause of a locomotive or any part or appurtenance of a locomotive, or a person coming in contact with an electrically energized part or appurtenance, which results in serious injury (i.e., an injury that results in the amputation of any appendage, the loss of sight in an eye, bone fracture, or confinement in a hospital for a period of more than 24 consecutive hours) or death of one or more persons, the railroad operating the locomotive must immediately report the accident by toll-free telephone number: (800) 424-0201.

**49 CFR 233.5** – *Signal Systems Reporting Requirements; Accidents resulting from signal failure.* Under this section, a railroad must report to FRA within 24 hours, by toll-free telephone number: (800) 424-0201, whenever it learns of the occurrence of an accident/incident arising from the failure of an appliance, device, method, or system to function or indicate as required by Part 236 that results in a more favorable aspect than intended or other condition hazardous to the movement of a train.

**49 CFR 234.7** – *Grade Crossing Signal System Safety; Accidents involving grade crossing signal failure.* Under this section, a railroad must report to FRA every impact between on- track railroad equipment and an automobile, bus, truck, motorcycle, bicycle, farm vehicle, or pedestrian at a highway-rail grade crossing involving an activation failure. Notification shall be provided to the National Response Center within 24 hours of occurrence at: (800) 424- 0201.

**49 CFR 219.209(a)** – *Control of Alcohol and Drug Use; Reports of tests and refusals.* Under this section, a railroad that has experienced a qualifying accident/incident or other event for which specimens were obtained must provide immediate telephonic notification summarizing such events to the National Response Center at: (800) 424-8802 and to FRA’s Office of Railroad Safety at: (202) 493-6313.

##### *Annual Reports to FRA*

Railroads must submit to FRA an annual report of employee hours worked and casualties by State on Form FRA F 6180.56. The report must be included with the railroad’s monthly submission for December. See § 225.21(d).

##### *Monthly Reports to FRA*

Railroads must submit to FRA monthly reports of all reportable accidents/incidents. See

§ 225.11. The railroad’s report must be submitted within 30 days following the month to which it applies. The report shall be made on the forms prescribed in § 225.21 in hardcopy or by means

of optical media or electronic submission via the Internet in accordance with § 225.37, approved by FRA.

The Form FRA F 6180.55 (Railroad Injury and Illness Summary) must be submitted each month, even if there were no reportable accidents/incidents during the month. Corresponding forms FRA F 6180.55a, FRA F 6180.54, FRA F 6180.81, and FRA F 6180.57 must also be completed and submitted for reportable accidents/incidents occurring during the report month.

Monthly reports of accidents/incidents (which are being submitted as hardcopies) and related correspondence, and optical media are to be addressed to:

FRA Project Office

2600 Park Tower Drive, Suite 1000

Vienna, VA 22180

Please refer to <http://safetydata.fra.dot.gov/OfficeofSafety>and click on “Click Here for Changes in Accident/Incident Recordkeeping and Reporting” for updated information.

*Primary Groups of Reportable Accidents/Incidents.* Reportable accidents/incidents are divided into three major groups for reporting purposes. See § 225.19. These groups correspond to different FRA forms and are as follows:

* + - 1. Group I – Highway-rail grade crossing accident/incident (Form FRA F 6180.57)

Note: For highway-rail grade crossing accidents/incidents only, railroads are required to contact potentially injured highway users involved in a highway-rail accident/incident, by mail, using a Highway User Injury Inquiry Form record (Form FRA F 6180.150) and, if unsuccessful, by phone. The Form FRA F 6180.150 shall be sent with a cover letter drafted in accordance with the requirements set forth in the FRA Guide and a preaddressed, prepaid return envelope. Railroads are to use the information gathered to comply with FRA’s accident/incident reporting and recording requirements.

* + - 1. Group II – Rail equipment accident/incident (Form FRA F 6180.54)

Note: Accident reports citing an employee human factor as a cause must be accompanied by an Employee Human Factor Attachment (Form FRA F 6180.81). In addition, each implicated employee must be provided with a Notice to Railroad Employee Involved in Rail Equipment Accident/Incident Attributed to Employee Human Factor (Form FRA

F 6180.78).

Note: In preparing a rail equipment accident/incident report, the railroad must inquire into the possible involvement of alcohol/drug use or impairment and report such information to FRA as required by § 225.18.

* + - 1. Group III – Death, injury, or occupational illness (Form FRA F 6180.55a)

Note: In preparing a Form FRA F 6180.55a for a fatality involving a trespasser, the railroad is responsible for acquiring additional documentation with regard to cause of death.

The specific requirements for completing the various types of accident/incident forms are described in the chapters addressing the individual forms. A single form is usually sufficient to report most events; however, there are situations when multiple report forms are necessary. An example is a highway-rail grade crossing collision resulting in reportable injuries. An accident of this type would require the completion of a Form FRA F 6180.55a for each FRA reportable injury sustained, and a Form FRA F 6180.57. In addition, if reportable on-track equipment and track damage in this accident exceeds the current monetary threshold for train accidents, then a Form FRA F 6180.54 must also be prepared.

Reports are to be arranged in the following order:

* + - * 1. Form FRA F 6180.55
        2. Form FRA F 6180.55a
        3. Form FRA F 6180.54 (Attach Form FRA F 6180.81 when applicable)
        4. Form FRA F 6180.57
        5. Form FRA F 6180.56 (December report only)

##### *Late, Amended, and Updated Reports*

*Late Reports.* When a railroad finds that an accident/incident was omitted from a previous month’s submission, a completed report and a letter explaining the reason for the late filing are to be sent to FRA. The late report and letter are to be forwarded no later than the next monthly filing. See § 225.13.

Late reports are not to be attached to or included in counts of reports prepared for the current month. Any late report is to be filed for the year and month in which the original event occurred. Take, for example, the following scenario: An employee sustains a minor injury in June, but none of the reporting criteria are satisfied. He or she is reexamined in July because of complications and is instructed to take prescription medication and remain off work for 3 days.

In this instance, a late report for the month of June must be prepared.

*Amended Reports.* When a railroad discovers that an accident/incident has been improperly reported on a previous month’s submission, then an amended report must be submitted to FRA with a letter of explanation. The amended report and letter are to be forwarded no later than the next monthly filing. See § 225.13. The report should have the notation “Amended Report” at the top of the form, and items being changed are to be circled in red.

When a railroad discovers that a report has been erroneously submitted for a non-reportable event, a copy of the report is to be submitted with the notation “DELETE – Non-reportable” in red. Those who submit reports electronically using Accident/Incident Report Generator (AIRG) software provided by FRA must print out a copy of the report that is to be deleted as non- reportable, and note in red “DELETE – Non-reportable,” and submit this copy to FRA.

*Close of the Calendar Year.* FRA publishes final accident/incident counts following the conclusion of a reporting year. Submission of the December report concludes the reporting year. However, railroads are still required to provide to FRA late reports of unreported accidents/incidents, and amended reports that correct or update earlier submissions.

FRA will receive and process late and amended reports for a period of 5 years following the calendar year to which an amended or late report relates. This accommodation does not relieve a railroad of its obligation to promptly file a late or amended report upon becoming aware of an omission, mistake or otherwise, in accordance with § 225.13 and the late and amended reporting guidance set forth in this Guide. FRA will continue to publish its Annual Report of Railroad Safety Statistics; because the accident/incident databases will remain open for updating for a period of 5 years, the statistics published in the Annual Report will be subject to change. The authoritative source for rail safety statistics will now be the Office of Railroad Safety’s Web site: [http://safetydata.fra.dot.gov/OfficeofSafety.](http://safetydata.fra.dot.gov/OfficeofSafety)

To clarify:

1. Railroads must file amended reports with FRA (unless otherwise specified in paragraph 3 below) through December 1 of the year following the year in which the accident/incident was initially reported.
2. Railroads must file late reports with FRA for 5 years (following the end of the calendar year to which the accident/incident relates) for all unreported accident/incidents.
3. Railroads must file amended reports for 5 years after the end of the calendar year to which they relate for the following changes:
   1. Railroad Injury and Illness Summary (Continuation Sheet) (Form FRA F 6180.55a): Change from Injury to Fatality (only if the injured person dies within 180 days from the date of the injury).
   2. Highway-Rail Grade Crossing Accident/Incident Report (Form FRA F 6180.57): Change from Injury to Fatality, change in Grade Crossing ID, change in the Rail Equipment Involved.
   3. Rail Equipment Accident/Incident Report (Form FRA F 6180.54): Change from Injury to Fatality, change in Grade Crossing ID, Rail Equipment Involved, Primary Cause Code, Contributing Cause Code, Type of Territory, Number of Cars Releasing Hazardous Material or Evacuation.
   4. Railroad Injury and Illness Summary (Continuation Sheet) (Form FRA F 6180.55a): A significant change in the number of reportable days away from work or days restricted; a significant change is at least a 10% variance in the number of actual reportable days away from work or days restricted compared to the number of days already reported.
   5. Railroad Equipment Accident/Incident Report (Form FRA F 6180.54): A significant change in the damage costs for reportable rail equipment accidents/incidents; a significant change is a 10% variance between the damage amount reported to FRA and the current cost figures.

*Computer Submission of Reports.* In order to assist railroads in maintaining and submitting records and reports required by this rule, FRA developed the AIRG software package for personal computers that have Microsoft Windows-based operating systems. See 61 FR 59485 (Nov. 22, 1996). FRA will provide copies of this software free of charge upon request by the reporting officer. You can find information on how to obtain AIRG by referring to <http://safetydata.fra.dot.gov/OfficeofSafety>and clicking on “Click Here for Changes in Accident/Incident Recordkeeping and Reporting.” From that page, click on the Forms/Publications tab and then click on the link “Current Railroad Accident/Incident Recordkeeping and Reporting Procedures.” Finally, click the link in Answer 5 that says “Click here for AIRG Request Form.” You can also access this information by clicking on the Forms/Publications tab and clicking the link for FRA Forms. From the FRA Forms page, choose Accident Incident Report Generator Request Form, then download and print. See Appendix K to this FRA Guide.

*Applicable Reporting/Recording Standards/Forms*. When determining whether (and which form(s) to use) to report/record an accident/incident, a railroad must use the forms and standards that were in effect on the date that the accident/incident occurred. Therefore any reports, including late reports, or records created for an accident/incident that occurred prior to June 1, 2011, are subject to the standards (and required to use the forms) that were in effect prior to the Miscellaneous Amendment to the FRA’s Accident/Incident Reporting Requirements; Final Rule, which became effective June 1, 2011. 75 FR 68862, November 9, 2010. When amending or correcting a report/record after June 1, 2011, for an accident/incident that occurred prior to

June 1, 2011, a railroad should simply amend or correct the report/record that was originally created for the accident/incident.

##### *Recordkeeping*

*Form FRA F 6180.98 or the Alternative Railroad-Designed Record of Each Accountable and Each Employee-Reportable Injury/Illness.* Railroads must maintain a record (Form FRA

F 6180.98 or the alternative railroad-designed record) of each accountable and each employee- reportable injury/illness. See §§ 225.25(a) and (b). Each railroad shall enter each reportable and accountable injury/illness on the appropriate record as early as practicable, but no later than 7 working days after receiving information or acquiring knowledge that an employee injury or illness has occurred. See § 225.25(f).

Note that for certain claimed occupational illness cases only, railroads may maintain an alternate record (Form FRA F 6180.107 or the alternative railroad-designed record). See §§ 225.25(i) and (j).

*Make Available to Employees Copies of Forms or Records of Employee Injury or Illness.* Railroads must make available to an employee, upon request, a copy of the completed Railroad Employee Injury and/or Illness Record (Form FRA F 6180.98) or the alternative railroad- designed record, as well as a copy of forms or reports required to be maintained or filed under Part 225 pertaining to the employee’s own work-related injury or illness. See § 225.25(c).

*Form FRA F 6180.97 or the Alternative Railroad-Designed Record of Each On-Track Accident/Incident.* Railroads must maintain a record (Form FRA F 6180.97 or the alternative railroad designed record) of each accountable and each reportable on-track accident/incident. See §§ 225.25(d) and (e). The railroad shall enter each reportable and accountable rail equipment accident/incident on the appropriate record as early as practicable, but no later than 7 working days after receiving information or acquiring knowledge that a rail equipment accident/incident has occurred. See § 225.25(f).

##### *Access to Records*

*Access to Records and Reports.* Railroads must provide to FRA access to records and reports upon request within specified time limits. See §§ 225.25(g) and 225.35.

##### *Posting of Injuries and Illnesses*

*Post Listing of All Injuries and Occupational Illnesses Reported to FRA.* Railroads must post a listing of all injuries and occupational illnesses reported to FRA as having occurred to employees of an establishment, in a conspicuous location at that establishment, within 30 days after the expiration of the month during which the injuries and illnesses occurred. Each monthly posting shall remain continuously displayed for the next 12 consecutive months. If there are no reportable injuries or occupational illnesses associated with an establishment for that month, the posting must make reference to that fact.

A railroad is permitted to not post information on an injury or illness only if the employee who incurred the injury or illness makes a request, in writing, to the railroad’s reporting officer that his or her particular injury or illness not be posted, or if an occupational injury or illness is a privacy concern case. See § 225.25(h)(15). See also § 225.5 for definition of “privacy concern case.”

##### *Record Retention*

*Retain Accident/Incident Records and Duplicates of Reports for Specified Periods of Time.*

Railroads must retain accident/incident records and duplicates of reports for specified periods of

time. See §§ 225.27(a)–(c). Electronic recordkeeping systems must conform to FRA’s standards. See § 225.27(d).

##### *Internal Control Plan*

*Adopt and Comply with an Internal Control Plan (ICP).* Railroads must adopt and comply with an ICP. See § 225.33. FRA believes that an ICP, as prescribed by § 225.33, best provides the procedures necessary to ensure that complete, reliable, and accurate data is obtained, maintained, and disclosed by the railroads. See Appendix I to this Guide for model ICPs. FRA investigations have repeatedly found instances in which departments within an individual railroad failed to provide to the railroad reporting officer information critical to determining reportability, or information necessary for filing an accurate and complete report.

The ICP is a performance standard that ensures the accuracy of a process and, in this case, the process is accident/incident reporting. The ICP dictates the necessity for communication within each railroad to ensure that proper reporting will be accomplished. The ICP may vary in size, from one that is a few pages for smaller railroads and shortlines to one of considerable size for the major carriers.

The ICP challenges the railroads to develop a total quality management (TQM) system to ensure that there are no errors in reporting. “No errors” means that all reportable accidents and incidents are reported to FRA and that each report is accurately completed prior to submission to FRA; in other words, a “zero tolerance” policy with respect to inaccurate reporting. TQM focuses on continuous and incremental improvements of process performance.

The ICP addresses intimidation and harassment of any person calculated to prevent or discourage such person from either receiving proper medical treatment for an injury/illness or from reporting an accident, incident, illness, or injury. FRA is aware that many railroad employees fail to disclose their injuries to the railroad or fail to accept reportable treatment from a physician because they wish to avoid potential harassment from management or possible discipline that is sometimes associated with the reporting of such injuries. FRA is also aware that in some instances, supervisory personnel and mid-level managers are urged to engage in practices that may undermine or circumvent the reporting of injuries and illnesses. Railroads must remain proactive in accurate reporting of all reportable accidents, injuries, and illnesses, and must not engage in practices that could manipulate reportability of these incidents. In some instances, railroads report an injury or illness to FRA only after FRA inspectors make management aware that a particular injury or illness was not reported. Many times, FRA inspectors conduct an investigation pursuant to a complaint from an employee alleging that his or her injury/illness was not properly reported or was not reported at all. Again, the railroad usually reports this injury/illness to FRA only after FRA informs management of the situation. Each railroad shall adopt and comply with a written ICP that shall be maintained at the office where the railroad’s reporting officer conducts his or her official business. Each railroad shall amend its ICP, as necessary, to reflect any significant changes to the railroad’s internal reporting procedures. The ICP shall be designed to maintain absolute accuracy and shall include, at a minimum, each of the 11 components set forth in § 225.33(a)(1–11).

#### Miscellaneous Provisions and Information

##### *Assistance and Guidance*

In deciding on the reportability of an accident/incident, or otherwise fulfilling the reporting obligation, assistance may be obtained by contacting any of the regional offices or FRA Headquarters as listed in Appendix G.

##### *Copies of the Regulations*

Copies of Federal regulations may be obtained by contacting the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9328 (telephone: 202-512-1803; http://www.gpo.gov).

##### *Reporting Decisions*

Ordinarily, the reporting officer will decide whether an accident/incident is reportable. This decision cannot be an arbitrary one, but must be based on a thorough review of all evidence, as opposed to speculation, related to the accident/incident in question and must be in accordance with the requirements of the accident reports statute (49 U.S.C. §§ 20901–20903), Part 225, and the guidelines provided in this Guide. If you are certain that a particular situation is outside the scope of the reporting requirements, then the basis on which this determination was made must be thoroughly documented before the case may be omitted from the monthly submission.

Neither the fact that there were no witnesses to an accident/incident nor the refusal of the railroad to accept responsibility for an event is grounds for failing to report. A report must be made whenever there is credible information that a reportable situation may have occurred. Later, if it is determined that the event was not reportable, a request to delete it from FRA’s files is to be made. If there is any uncertainty as to whether to report an accident/incident, it is recommended that a report be made. Later, as additional information is developed, or following consultation with FRA Office of Safety Assurance and Compliance personnel, a request may be made to delete the incident from the file. See § 225.17.

Note that FRA cannot delegate authority to decide matters of judgment when facts are in dispute. In such cases, FRA will make the final decision as to reportability. In arriving at this decision, FRA will review all investigatory material associated with the case, including, but not limited to, the following: the initial report filed by the affected person, witness statements, transcripts of hearings, medical records, time and attendance records, and the purpose of payouts made in connection with the accident/incident. Based upon its review, FRA will determine whether the injury or illness is accountable or reportable.

##### *Claimed But Not Admitted Submissions*

When facts affecting the reportability of a case are in dispute, a report may be filed with FRA as “Claimed But Not Admitted.” An accident/incident reported under this provision is given

special examination by FRA, but must still be recorded on the appropriate form and be included as part of the report package for that month. A copy of all evidence relating to the event and a letter summarizing the reasons why it should be excluded from the file must be provided. FRA will examine all documentation. If the facts are sufficient to support the railroad’s position, the case will not be charged against the railroad; otherwise, it will be added to the file. In either case, FRA will advise the railroad of the agency’s determination. It is suggested that prior to making such a filing that FRA be contacted by telephone (FRA telephone numbers are listed in Appendix G) to discuss the overall merits of the case.

##### *Penalties*

Any person (including a railroad and any manager, supervisor, official, or other employee or agent of a railroad) who violates any requirement of Part 225 or causes the violation of any such requirement is subject to a civil penalty. The person may also be subject to criminal penalties.

FRA may issue these civil penalties pursuant to 49 U.S.C. §§ 21301, 21302, and 21304. Also see Appendix A to Part 209 of the CFR for other sanctions. Criminal penalties and/or imprisonment provided for in 49 U.S.C. § 21311 may also be imposed on any individual who knowingly and willfully makes a false entry in a record or report required by the accident reporting regulations or other regulations issued under 49 U.S.C. chapter 201; who destroys, mutilates, changes, or falsifies such a record or report; who does not enter required specified facts in a such record or report; who makes or preserves such a record or report in violation of such a regulation or order; or who files a false record or report with FRA. FRA wants to make clear to all railroads that the agency will be diligent in its efforts to ensure that all parties adhere to and comply with the intimidation and harassment policy in the ICP. It should be noted that FRA will be aggressive in pursuing enforcement sanctions against any person found to be in violation of the railroad’s harassment and intimidation policy.

##### *Public Examination and Use of Reports*

Accident reports may be inspected at FRA’s Office of Railroad Safety. FRA will provide copies of accident/incident reports under the Freedom of Information Act (FOIA) upon written request. Written requests for copies of accident/incident reports should be accompanied by the appropriate fee and addressed to:

Freedom of Information Act Coordinator Office of Chief Counsel

Federal Railroad Administration

U.S. Department of Transportation RCC-10, Mail Stop 10

West Building 3rd Floor, Room W33-437 1200 New Jersey Avenue, SE. Washington, DC 20590

Each request should be clearly marked “FOIA Request for Accident/Incident Report.” See

§ 225.7.

#### Questions and Answers

**Q1. We are required to post a listing of all reported injuries and occupational illnesses to employees at that establishment. Although this listing does not contain personal identifiers, e.g., names, Social Security numbers, it may be possible to ascertain the identity of the person, particularly in small establishments, based on the information listed. There may be conditions that are reportable about which the employee or the railroad is especially sensitive regarding the information being displayed in such a fashion. Are there any exceptions to this requirement?**

A1. Yes. The purpose of this listing is to raise the awareness of employees at the establishment of the hazards that exist in the workplace, and to include the employees in the reporting process. It was neither FRA’s intent nor its desire to have conditions that an employee would prefer to keep confidential displayed on this listing. Section 225.25(h)(15) permits a railroad not to post information on an occupational injury or illness case that is a “privacy concern case.” This includes cases in which the employee independently and voluntarily requests in writing to the railroad reporting officer that his or her injury or illness not be posted. (See

§ 225.5 for full definition of privacy concern case.)

#### Q2. In a single large facility, such as a major yard, must a railroad maintain the records and reports required by this regulation at each individual location where the employees of that facility report to work?

A2. No. FRA has always exercised a certain amount of flexibility concerning the locations where these records must be kept. FRA does not require that separate records be maintained for the various distinct activities that take place in a large facility. Work locations that are near each other can be treated as a single establishment when they are part of a larger facility at that location. Permanent work sites that are physically distant from each other, e.g., in another city, are separate establishments and are covered by the term, “single physical location,” contained in this FRA Guide. See §§ 225.25(g), 225.27 and 225.35 for FRA’s requirements related to record maintenance and access.

#### Q3. Are there any particular forms that must be used to record injuries, illnesses, accidents and/or incidents?

A3. For recording an accountable or reportable injury or illness for a railroad employee, either the Railroad Employee Injury and/or Illness Record (Form FRA F 6180.98), or an alternative railroad record can be used. If the alternative record

is used, the regulation states that it “shall contain all of the information required on the Railroad Employee Injury and/or Illness Record.” See § 225.25(b).

For initially recording an accountable or reportable rail equipment accident/incident, either the Initial Rail Equipment Accident/Incident Record (Form FRA F 6180.97) or an alternative railroad-designed record can be used. If the alternative record is used, the regulation states that it “shall contain all of the information required on the Initial Rail Equipment Accident/Incident Record.” See § 225.25(e).

#### Q4. I currently maintain a database of all conditions reported by employees, passengers and others, regardless of severity or consequences. A lot of these injuries require no treatment, or only need first aid. I document every potential case, just in case it later becomes reportable. Does the requirement to record entries involving employees on the Form FRA F 6180.98 or an alternative railroad-designed form make it necessary for me to have two logs, one for “accountable” injuries to employees and a separate record for others? If possible, I would like to consolidate all of my records into a single file.

A4. No, the alternative railroad-designed record may be used to record the additional information described. The regulation only requires that you maintain certain information about your employees which FRA inspectors may ask to see in order to verify compliance. For example, the regulation does not require that Form FRA F 6180.98 contain information about contractors or volunteers. You may include records for any class of person in your file, and you may also include additional information beyond what is required. To avoid any confusion about those entries that are required by the regulation and additional records you may choose to include in your file, there must be a means of identifying the two categories incorporated in your system design. These same general guidelines also apply for alternative railroad-designed Initial Rail Equipment Accident/Incident Record, Form FRA F 6180.97, described in Chapter 5.

#### Q5. Does this mean we can maintain this information electronically? If so, what are the requirements for centralized processing of this data?

A5. Yes. FRA addresses electronic record retention at § 225.27, where FRA sets forth minimum system requirements for the electronic retention of accident/incident records. Note the exception, however, with respect to FRA Form F 6180.55, “Railroad Injury and Illness Summary.” If a railroad submits FRA Form

F 6180.55 to FRA electronically, the railroad must maintain a hard copy of the original signed form and the electronic notification of receipt of the form. See

§ 225.27(c).

1. **Definitions**

Section 225.5 contains definitions as used in Part 225. Section 225.19 sets forth which accidents/incidents are reportable. The definitions and guidance listed below are supplemental to the definitions found in Part 225, and are provided to assist railroads in the context of accident/incident reporting.

**Casualty.** A reportable death, injury, or illness arising from the operation of a railroad. Casualties may be classified as either fatal or nonfatal.

#### Classification of Persons.

**Worker on Duty–Railroad Employee (Class A).** An individual who receives direct monetary compensation from the railroad. Whether the worker is under pay will generally, but not always, be the deciding factor for determining “on duty” status. An employee who is not under pay, but engaged in work-related activity is “on duty.”

Note: An employee in deadhead transportation is considered an “employee on duty,” regardless of the mode of transportation. Deadhead transportation occurs when an employee is traveling at the direction or authorization of the carrier to or from an assignment, or the employee is involved with a means of conveyance furnished by the carrier or compensated for by the carrier.

Exception: If an employee is housed by the carrier in a facility such as a motel, and part of the service provided by the motel is the transportation of the employee to and from the work site, any reportable injury to the employee during such transit is to be recorded as that of a Railroad Employee Not On Duty (Class B). Likewise, if the employee decides upon other means of transportation that is not authorized or provided, and for which he would not have been compensated by the railroad, the injury is not considered work-related.

**Railroad Employee Not On Duty (Class B).** An individual who receives direct monetary compensation from the railroad and who is on railroad property for purposes connected with his or her employment or with other railroad permission but is not “on duty.”

**Worker on Duty–Contractor (Class F).** An employee of a contracting agency for a railroad who does not receive direct monetary compensation from the railroad and who, while on railroad property, is engaged in either 1) the operation of on-track equipment, or 2) any other safety-sensitive function for the railroad as defined in § 209.303.

Section 209.303 describes “safety-sensitive functions” as applying to the following individuals:

1. Railroad employees who are assigned to perform service subject to the Hours of Service Act (45 U.S.C. 61-64b2) during a duty tour, whether or not the person has performed or is currently performing such service, and any person who performs such service;
2. Railroad employees or agents who:
   1. Inspect, install, repair, or maintain track and roadbed;
   2. Inspect, repair, or maintain, locomotives, passenger cars, and freight cars;
   3. Conduct training and testing of employees when the training or testing is required by the FRA’s safety regulations; or
3. Railroad managers, supervisors, or agents when they:
   1. Perform the safety-sensitive functions listed in paragraphs (a) and (b) of this section;
   2. Supervise and otherwise direct the performance of the safety-sensitive functions listed in paragraph (a) and (b) of this section; or
   3. Are in a position to direct the commission of violations of any of the requirements of parts 213 through 236 of this title.

Note: There have been amendments and additions to the set of railroad safety regulations found in the CFR; thus, the term “safety-sensitive functions” in § 209.303(c)(3) is interpreted to include railroad managers, supervisors, etc., when they are in a position to direct the commission of violations of any of the requirements of Parts 213 through 240 of 49 CFR.

Hours worked by persons in the Class F, G, H, and I categories are not reported on any FRA form.

**Contractor–Other (Class G).** A contractor employee for a railroad who does not receive direct monetary compensation from the railroad and who is not engaged in either 1) the operation of on-track equipment, or 2) any other safety-sensitive function for the railroad. Hours worked by this person are not reported on any FRA form.

**Worker on Duty–Volunteer (Class H).** A volunteer who does not receive direct monetary compensation from the railroad and who is engaged in either 1) the operation of on-track equipment, or 2) any other safety-sensitive function for the railroad as defined in § 209.303. (See this list under “Worker on Duty–Contractor.”)

2 In 1994, the Hours of Service Act was repealed by Congress as part of a broad recodification of the Federal transportation laws. See Act of July 5, 1994, Pub. L. No. 103-272, 108 Stat. 745. The Act, which had been in Title 45, was repealed and recodified primarily as Chapter 211 of 49 U.S.C. Congress made clear that the recodification was not intended to make substantive changes in the affected laws, even though it altered their arrangement and language in certain respects. See Pub. L. No. 103-272, § 6(a), 108 Stat. 1378; H.R. Rep. No. 180, 103d Cong., 1st Sess. 1-5 (1993), reprinted in 1994 U.S. CODE CONG. & ADMIN. NEWS 818-822.

Hours worked by a “Worker on Duty–Volunteer” (Class H) are not reported on any FRA form.

**Volunteer–Other (Class I).** A volunteer who does not receive direct monetary compensation from the railroad and who is not engaged in either 1) the operation of on-track equipment, or 2) any other safety-sensitive function for the railroad as defined in

§ 209.303. Hours worked by this person also not reported on any FRA form.

**Passengers On Trains (Class C).** Persons who are on, boarding, or alighting railroad cars for the purpose of travel.

**Nontrespassers–On Railroad Property (Class D).** Persons lawfully on that part of railroad property that is used in railroad operation (other than those herein defined as employees, passengers, trespassers, volunteers, or contractor employees), and persons adjacent to railroad premises when they are injured as the result of the operation of a railroad. This class also includes other persons on vessels or buses, whose use arises from the operation of a railroad.

**Nontrespassers–Off Railroad Property (Class J).** An injury “off railroad property” includes an injury resulting from an event, such as a derailment or collision, that begins on railroad property but ends on public or private non-railroad property, so long as the injury is incurred while the person is physically located off railroad property. Similarly, if a derailment results in a release of hazardous materials onto public or private non-railroad property and the hazardous material injures a “Nontrespasser” located on public or private non-railroad property, the injury is reported as an injury to “Nontrespassers–Off Railroad Property” (Class J). Conversely, injuries to nontrespassers occurring while on public or private railroad property are reported as injuries to “Nontrespassers–On Railroad Property” (Class D).

**Trespassers (Class E).** Persons who are on the part of railroad property used in railroad operation and whose presence is prohibited, forbidden, or unlawful. Employees who are trespassing on railroad property are to be reported as “Trespassers” (Class E).

Note: A person on a highway-rail grade crossing should not be classified as a Trespasser (Class E) unless: 1) the crossing is protected by gates or other similar barriers, which were closed when the person went on the crossing, or 2) the person attempted to pass over, under, or between cars or locomotives of a consist occupying the crossing. A person or vehicle that enters the crossing without a physical barrier (e.g., gates in a lowered position) is not classified as a trespasser, even when the highway-rail grade crossing lights are activated or other warning systems are functioning. The person would be classified as a nontrespasser.

**Closed Crossing.** A closed crossing is a location where a crossing has been physically removed, or where rail operations, pathway traffic, or highway traffic is not possible. This does not include crossings that are temporarily closed for repairs to the track structure, crossing surface, or roadway approaches. Examples are locations where the crossing has been permanently barricaded and crossing surface material removed; where the railroad tracks have been cut or barricaded or physically removed; where a connecting turnout has been removed; or where rail operations are not possible because the railroad tracks are paved over, etc. Crossings along such inactive railroad lines are closed.

**Temporary Barricaded Crossing.** A highway-rail grade crossing that is temporarily closed to highway users by using temporary methods to block highway traffic, such as barrels. A temporary barricaded crossing does not constitute a “closed” crossing.

**Consist Responsibility.** The railroad employing the crewmembers operating the consist at the time of the accident normally determines the consist owner for reporting purposes. An exception to this rule is when a railroad is under contract to operate another railroad on an ongoing basis. This situation often exists in connection with commuter operations where the entity is known to the general public as the commuter authority, not the railroad under contract (see Chapter 12 for additional guidance).

**Collision.** A collision is defined as an impact between on-track equipment consists while both are on rails and where one of the consists is operating under train movement rules or is subject to the protection afforded to trains. This definition includes instances where a portion of a consist occupying a siding is fouling the mainline and is struck by an approaching train. It does not include impacts occurring while switching within yards, as in making up or breaking up trains, shifting or setting out cars, etc. Impacts of this type are to be classified as “Other Impacts” accidents (Code “12” in Item 7 on Form F 6180.54), when all consists involved are part of the switching movement.

The timetable, or schedule direction, should govern the classification of collisions when either one of the trains or the locomotives is at rest, or when its incidental movement temporarily differs from the schedule direction.

**Head-On Collision.** A collision in which the trains or locomotives, or electric multiple- unit (EMU) or diesel multiple-unit (DMU) trains, involved are traveling in opposite directions on the same track, provided that both consists have a locomotive (or EMU or DMU trains).

**Rear-End Collision.** A collision in which the trains or locomotives (or EMU or DMU trains) involved are traveling in the same direction on the same track, provided that both consists have a locomotive (or EMU or DMU trains).

**Side Collision.** A collision at a turnout where one consist strikes the side of another consist.

**Raking Collision.** A collision between parts or lading of a consist on an adjacent track, or with a structure such as a bridge.

**Broken Train Collision.** A collision in which a moving train breaks into parts and an impact occurs between these parts, or when a portion of the broken train collides with another consist.

Note: The several parts of a broken train are not to be treated as separate consists for reporting purposes. Information concerning such trains are to be reported on a single form.

**Railroad Crossing Collision.** A collision between on-track railroad equipment at a point where tracks intersect.

#### Costs and Reportable Damage.

**Reporting Threshold.** The amount of total reportable damage resulting from a train accident which, if exceeded, requires the preparation and forwarding of Form FRA

F 6180.54 by the railroads involved. For accidents that occurred in calendar years 2002–2005, the reporting threshold was $6,700. For accidents that occurred in calendar year 2006, the reporting threshold is $7,700; for accidents that occur in calendar year 2007, the reporting threshold is $8,200; for accidents that occur in calendar year 2008, the reporting threshold is $8,900; and, for accidents that occur in calendar year 2010, the reporting threshold is $9,200. Pursuant to § 225.19(e), the reporting threshold will be revised annually according to the formula set forth in Appendix B to Part 225. Please refer to <http://safetydata.fra.dot.gov/OfficeofSafety>and click on “Click Here for Changes in Accident/Incident Recordkeeping and Reporting” for updated information.

**Reportable Damage.** Reportable damage includes labor costs and all other costs to repair or replace in-kind, damaged on-track equipment, signals, track, track structures, or roadbed. Reportable damage does not include the cost of clearing a wreck; however, additional damage to the above-listed items caused while clearing the wreck is to be included in the damage estimate.

Examples of other costs included in reportable damage are: 1) rental and/or operation of machinery such as cranes, bulldozers, including the services of contractors, to replace or repair the track right-of-way and associated structures; and 2) costs associated with the

repair or replacement of roller bearings on units that were derailed or submerged in water. (Replacement costs include the labor costs resulting from a wheelset change out.)

**Equipment Damage.** All costs, including labor and material, associated with the repair or replacement in-kind of on-track rail equipment. Trailers/containers on flatcars are considered to be lading and damage to these is not to be included in on-track equipment damage. Damage to a flatcar carrying a trailer/container is to be included in reportable damage.

When on-track equipment is damaged beyond repair, the total reproduction cost of the equipment, including betterments and additions, is to be calculated in accordance with Rule 107 of the current edition of the field manual of the Association of American Railroads (AAR) Interchange Rules. The total reproduction cost may be depreciated to reflect the amount of usage to which the equipment has been subjected. Depreciation percentages will be determined at 3 percent annually for a maximum of 30 years; equipment over 30 years old will be valued at 10 percent of the total reproduction cost. Replacement-in-kind costs for equipment damaged beyond repair is the result of these calculations.

**Track Damage.** All costs, including labor and material, associated with the repair or replacement in-kind of signals, track, track structures (including bridges or tunnels), damaged equipment detectors (e.g., hot box detector), switches, or other electronic equipment; or roadbeds that were damaged in a collision, derailment, or other reportable event.

When track, signals, structures, etc., are damaged beyond repair, the current cost of new materials is to be used. However, replacement of secondhand rail with secondhand rail may be charged at the current cost of such rail.

When estimating damage costs, the labor costs to be reported are only the direct labor costs to the railroad, e.g., hourly wages, transportation costs, and hotel expenses. The cost of fringe benefits is excluded when calculating direct labor costs. Overhead is also excluded when calculating damage costs due to the unacceptable non-uniform treatment of overhead under the current process.

For services performed by a contractor, a direct hourly labor cost is calculated by multiplying the contractor’s total labor hours charged to the railroad by the applicable direct hourly wage rate for a railroad worker in that particular craft. However, if a railroad cannot match the equivalent craft to the labor hours spent by a contractor, then the railroad must use the loaded rate, i.e., the cost by hour for labor, fringe benefits, and

other costs and fees for services charged by the contractor for the tasks associated with the repair of the track, equipment, and structures due to a train accident.

**Derailment.** A derailment occurs when on-track equipment leaves the rail for a reason other than a collision, explosion, highway-rail grade crossing impact, etc.

**Direct Train Control**. This is an FRA umbrella term and refers to modern-day derivatives of traditional timetable/train order methodology. These methods of control have greatly modernized and simplified train operations by eliminating timetable schedules, train registers, superiority, and the attendant array of complicated operating rules. These systems are predicated on the train dispatcher having direct and continuous radio contact with all trains; hence the informal name “radio train dispatching.” In place of the train order, there is a written document known variously as a track warrant, Direct Traffic Control (DTC) clearance, Occupancy Control System (OCS) clearance, track permit, Form D, etc. There are two basic DTC systems presently in use on today’s railroads: one that uses fixed blocks (i.e., the limits are constant and are identified both in the timetable and by wayside signs); and one that uses variable blocks (i.e., the limits are not constant and are created by the train dispatcher for each train).

These systems are variously identified in the industry as:

1. Track Warrant Control (TWC)
2. Direct Traffic Control (called Direct *Train* Control on some roads) (DTC)
3. Form D Control System (DCS)
4. Occupancy Control System (OCS)
5. Manual Block System (MBS)

(**Note:** these could all be considered standalone methods of operation and may be shown as such.)

**Drug/Alcohol Test.** A drug/alcohol test produces a physical or chemical reaction by which a substance may be detected or its properties ascertained, and includes both Federal and employer- authorized tests to determine alcohol or drug usage. A test performed under FRA requirements is considered positive when the test result has been verified as positive by a medical review officer and reported to the employer. A test performed under other authorization is considered positive when the employer will defend the results if legally challenged. (Refer to 49 CFR

Part 219, Control of Alcohol and Drug Use, for additional information.)

**First-Aid Treatment.** Treatment that is limited to simple procedures used to treat minor conditions, such as abrasions, cuts, bruises, and splinters. First-aid treatment is typically confined to a single treatment and does not require special skills or procedures. First aid treatment is specifically addressed in Chapter 6 of this Guide.

**Hazardous Material.** A substance or material, including a hazardous substance, which has been determined by the Secretary of Transportation to be capable of posing an unreasonable risk to health, safety, and property when transported in commerce, and which has been so designated.

See § 171.8.

**Hazardous Material Residue.** The hazardous material remaining in a packaging, including a tank car, after its contents have been unloaded to the maximum extent practicable and before the packaging is either refilled or cleaned of hazardous material and purged to remove any hazardous vapors.

Additional guidance concerning Federal requirements as to the identification and shipment of hazardous material can be found in 49 CFR Parts 100 to 180.

#### Miles Traveled.

**Passenger-mile.** The movement of a passenger for a distance of 1 mile.

**Train-mile.** The movement of a train for a distance of 1 mile. Mileage is not to be increased because of the presence of multiple locomotives in the train. (See definition of “train.”)

**Yard Switching Train-Mile.** May be computed at the rate of 6 mph for the time actually engaged in yard switching service (or any other method that will yield a more accurate count) if actual mileage is not known.

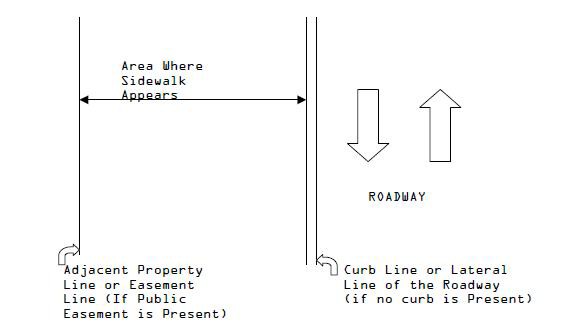
**Operation of a Railroad.** Inclusive term used to describe all activities of a railroad related to the performance of its rail transportation business.

#### Other Accidents.

**Highway-Rail Grade Crossing Accident/Incident.** Any impact between on-track railroad equipment and a highway user at a highway-rail grade crossing. Highway-rail grade crossing means: (1) a location where a public highway, road, or street, or a private roadway, including associated sidewalks, crosses one or more railroad tracks at grade; or (2) a location where a pathway explicitly authorized by a public authority or a railroad carrier that is dedicated for the use of non-vehicular traffic, including pedestrians, bicyclists, and others, that is not associated with a public highway, road, or street, or a private roadway, crosses one or more railroad tracks at grade. The term “sidewalk” means that portion of a street between the curb line, or the lateral line of a roadway, and the adjacent property line or, on easements of private property, that portion of a street that is paved or improved and intended for use by pedestrians. (See figure one below) The term “highway user” includes automobiles, buses,

trucks, motorcycles, bicycles, farm vehicles, pedestrians, and all other modes of surface transportation motorized and un-motorized. All crossing locations within industry and rail yards, ports, and dock areas are considered highway-rail grade crossings within the meaning of the term.

The below illustration is intended to provide additional clarification regarding sidewalks associated with highway-rail grade crossings.



**Figure 1: Illustration of sidewalks associated with highway-rail grade crossings.**

**Obstruction Accident.** An accident/incident in which a consist strikes: 1) a bumping post or a foreign object on the track right-of-way; 2) a highway vehicle at a location other than a highway-rail grade crossing site; 3) derailed equipment; or 4) a track motorcar or similar work equipment not equipped with AAR couplers and not operating under train rules.

**Explosion-Detonation.** An accident/incident caused by the detonation of material carried or transported by rail. A detonation occurs when a shock wave exceeds the speed of sound.

Explosions-detonations resulting from mishaps during loading or unloading operations, and those caused by fire aboard on-track equipment, are included in this definition.

**Fire or Violent Rupture.** An accident/incident caused by combustion or violent release of material carried by or transported by rail. Examples of this type include fuel and electrical equipment fires, crankcase explosions, and violent releases of liquefied petroleum gas or anhydrous ammonia.

**Other Impacts.** An accident/incident, not classified as a collision, that involves contact between on-track equipment. Generally, these involve single cars or cuts of cars that are damaged during switching, train makeup, setting out, etc., operations. If both consists contain a locomotive, an EMU locomotive, or a DMU locomotive, the event should be classified as a collision between trains.

**Other Accidents/Incidents.** Events not classified as one of the preceding types.

#### On-Track Rail Equipment.

**Equipment Consist.** An equipment consist is a train, locomotive(s), cut of cars, or a single car not coupled to another car or locomotive.

**Car.** A car is:

* 1. Any unit of on-track equipment designed to be hauled by locomotives, or
  2. Any unit of on-track work equipment such as a track motorcar, highway-rail vehicle, push car, crane, or ballast tamping machine.

**Locomotive.** A locomotive is a piece of on-track equipment other than hi-rail, specialized maintenance, or other similar equipment:

1. With one or more propelling motors designed for moving other equipment;
2. With one or more propelling motors designed to carry freight or passenger traffic or both; or
3. Without propelling motors but with one or more control stands.

**Control Cab Locomotive.** A locomotive without propelling motors but with one or more control stands. Note: A control [cab] car locomotive is to be counted as a car and not as a locomotive unit in the Rail Equipment Accident/Incident Report.

**DMU Locomotive.** A diesel-powered multiple-unit operated locomotive with one or more propelling motors designed to carry passenger traffic. Note: A DMU locomotive is to be counted as a car and not as a locomotive unit in the Rail Equipment Accident/Incident Report.

**EMU Locomotive.** An electric multiple-unit operated locomotive:

1. With one or more propelling motors designed to carry freight or passenger traffic or both; or
2. Without propelling motors but with one or more control stands.

Note: An EMU locomotive is to be counted as a car and not as a locomotive unit in the Rail Equipment Accident/Incident Report.

See special instructions in Chapter 7 when reporting DMUs, EMUs, or cab car locomotives.

**Motorcar.** A self-propelled unit of equipment designed to carry freight or passenger traffic. (Does not include track motor cars or similar work equipment.)

**Train.** For purposes of accident/incident reporting, a train is a locomotive or locomotives coupled with or without cars, and with or without markers displayed. This definition includes trains consisting entirely of self-propelled units designed to carry passengers, freight traffic, or both.

**Yard Switching Trains.** Trains operated primarily within yards for the purpose of switching other equipment. Examples include the making up or breaking up of trains, service industrial tracks within yard limits, storing or classifying cars, and other similar operations.

Note: Switching performed by a road crew that is incidental to the road operation is not included.

**Work train.** Work trains are non-revenue trains used for the administration and upkeep service of the railroad. Examples are: official trains, inspection trains, special trains running with a company fire apparatus to save the railroad’s property from destruction, trains that transport the railroad’s employees to and from work when no transportation charge is made, construction and upkeep trains run in connection with maintenance and improvement work, and material and supply trains run in connection with operations.

**Passenger Station Platform Gap.** The horizontal space between the edge of the passenger boarding platform and the edge of the rail car door threshold plate, and the vertical difference from the top of the passenger boarding platform and the top of the rail car threshold.

**Passenger Station Platform Gap Incident.** A reportable injury involving a person who, while involved in the process of boarding or alighting a passenger train at a rail car door threshold plate at a high-level passenger boarding platform (i.e., a platform that is 48" or more above the top of the rail), has one or more body parts enter the area between the carbody and the edge of the platform or traveling between passenger cars. The following are examples of a Passenger Station Platform Gap Incident:

* While boarding or alighting a passenger train at a high-level passenger boarding platform a person misjudges the passenger station platform gap, resulting in the person’s leg entering the passenger station platform gap.
* While boarding or alighting a passenger train at a high-level passenger boarding platform, a person is struck by a closing door, resulting in the person’s leg entering the passenger station platform gap.

The following are not examples of a passenger station platform gap incident:

* While boarding or alighting a passenger train at a high-level passenger boarding platform, a person misjudges the gap and falls into the vestibule or platform, without a body part entering the gap.
* While walking on a passenger station at a high-level passenger boarding platform, a person slips on the platform, at a location other than the rail car door threshold, resulting in the person’s leg entering the gap.

Passenger station platform gap injuries usually occur when the high-level platform station is concave, convex, or there is misalignment between the platform and passenger car, or when a person is traveling between cars and has one or more body parts enter the area between the cars.

**Person.** Includes all categories of entities covered under 1 U.S.C. § 1, including, but not limited to a railroad; any manager, supervisor, official, or other employee or agent of a railroad; any owner, manufacturer, lessor, or lessee of railroad equipment, track, or facilities; any passenger; any trespasser or nontrespasser; any independent contractor providing goods or services to a railroad; any volunteer providing goods or services to a railroad; and any employee of such owner, manufacturer, lessor, lessee, or independent contractor.

**Prescription Medication.** Substances whose availability and distribution are controlled by registered medical professionals such as doctors, pharmacists, or nurses, and that are manufactured and packaged with the legend: “Caution–Federal Law Prohibits Dispensing Without Prescription,” or a similar warning.

**Physician or Other Licensed Health Care Professional (PLHCP).** A healthcare professional operating within the scope of his or her license, registration, or certification. In addition to licensed physicians, the term “Other Licensed Health Care Professional” includes members of other occupations associated with patient care and treatment, such as chiropractors, podiatrists, physician’s assistants, psychologists, and dentists.

**Remote Controlled Locomotive (RCL).** This term refers to on-track rail equipment that is controlled by an employee or contractor using a remote transmitter/receiver designed to control the locomotive, maintenance machine, or other type of self-propelled on-track rail equipment. Special coding instructions are to be used when casualties to persons, rail equipment accidents/incidents, and highway-rail grade crossing accidents/incidents occur when an RCL is in use.

#### Tracks and Types of Tracks.

**Main Track.** A track, other than an auxiliary track, extending through yards or between stations, upon which trains are operated by timetable or train order or both, or the use of which is governed by a signal system.

**Industry Track.** A switching track, or series of tracks, serving the needs of a commercial industry other than a railroad.

**Siding.** A track auxiliary to the main track used for meeting or passing trains.

**Yard Track.** A system of tracks within defined limits used for the making up or breaking up of trains, for the storage of cars, and for other purposes over which movements not authorized by timetable or by train order may be made, subject to prescribed signals, rules or other special instructions. Sidings and industry tracks are not included, nor is main line within yard limits.

**Vehicle**. Includes automobiles, buses, trucks, motorcycles, bicycles, farm vehicles, and all other modes of surface transportation, motorized and unmotorized.

1. **Form FRA F 6180.55 - Railroad Injury and Illness Summary**

#### Requirement

Form FRA F 6180.55, titled “Railroad Injury and Illness Summary,” is used to summarize a railroad’s accident/incident data for a given month. A report must be filed each month, even when no accidents/incidents occurred during the reporting month. See § 225.21(b).

#### General Instructions and Interpretations

If there were no accidents/incidents for the month being reported, this fact must be noted on the form.

If actual operational data (mileage, hours worked, etc.) are not available when the report is due, then an estimate must be provided. An amended report must be sent when actual figures are known. See § 225.13.

If there are substantial fluctuations in month-to-month operational data, the reason for such variations (seasonal operation, strikes, consolidation, line abandonment, etc.) are to be explained.

A late or amended report is not to be included in the counts for the current month. If such a report is forwarded with the regular submission, it must have a separate cover letter indicating that it is an amended report, or, for late submissions, explaining why the report is being filed late. See § 225.13. Entries changed on amended reports should be circled in red.

If an Item, such as “Passenger-Miles Operated,” does not apply to your railroad, enter “N/A.” Fractions and decimals are to be rounded to the nearest whole number.

#### Instructions for Completing Form FRA F 6180.55 Item Instruction

1. Name of Reporting Railroad

Enter the full name of the reporting railroad.

1. Alphabetic Code

Enter the reporting railroad’s code, found in Appendix A.

1. Report Month & Year

Enter the month and year covered by the report.

1. State Alphabetic Code

Enter the code for the State in which the report was signed, found in Appendix B.

1. County

Enter the name of the county or parish in which the report was signed.

1. Name of Reporting Officer

Enter the reporting officer’s name.

1. Official Title

Enter the reporting officer’s official title.

1. Address

Enter the reporting officer’s mailing address.

1. Telephone

Enter the reporting officer’s telephone number.

1. Date and sign as directed (notarization no longer required).

*Operational Data and Accident/Incident Counts for Report Month.* In Items 11–14, do not duplicate mileage in more than one block. For example, do not include yard switching train miles in the total for either freight or passenger train-miles. For Items 11–17, report only the miles and hours associated with your operations.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* Example for calculating Items 12 (Passenger Train Miles), 16 (Passenger Miles Operated), and 17 (Number of Passengers Transported):

Enter miles and passengers into a spreadsheet, listed by date of each trip, and then enter totals into correct items in the FRA Form F 6180.55. Note: Be sure to first multiply each separate trip’s “Passengers Transported” by each separate trip’s “Passenger Train-Miles” to get each separate trip’s “Passenger-Miles Operated,” and then sum each of these results to get the total. For the case of having multiple trips, DO NOT multiply “Total” “Passengers Transported” by “Total” “Passenger Train-Miles” to find total “Passenger-Miles Operated.”

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| See example below: |  | | | | |
|  | Item 17: |  | Item 12: |  | Item 16: |
| Date | Pass. Transp. | x | Pass. Train Miles | = | Pass. Miles Oper. |
| 07/01/2006 | 85 | x | 12 | = | 1,020 |
| 07/15/2006 | 121 | x | 8 | = | 968 |
| 07/21/2006 | 217 | x | 8 | = | 1,736 |
| 07/23/2006 | 177 | x | 8 | = | 1,416 |
| Total | 600 |  | 36 |  | 5,140 |

In this example, **600** would be entered into Item 17, **36** into Item 12, and **5140** into Item 16.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

1. Freight Train-Miles

Enter the number of train-miles, in freight service, run during the month.

Note: Be careful not to report freight train-miles that are being reported by another railroad. This may occur if one railroad’s equipment is being operated over the track by a different railroad’s crew. In this case, the railroad of the crew operating the equipment will enter the freight train-miles on their FRA Form

1. Passenger Train-Miles

Enter the number of train-miles, in passenger service, run during the month.

1. Yard Switching Train-Miles

Enter the number of yard switching miles run during the month.

1. Other Train-Miles

Enter any other train-miles run that are not included in freight, passenger, or yard switching train-miles.

1. Railroad Worker [Employee] Hours

Enter the number of hours worked by all railroad employees during the month. Include all employees in the occupation categories shown in Appendix D. Do not include time paid, but not actually worked, such as holidays or vacations. Only those hours worked by employees defined as “Class A” are to be counted. Hours worked by volunteers, contractors, etc., are excluded.

1. Passenger-Miles Operated

If your railroad operates a rail passenger service, enter the number of passenger- miles run during the month. If passenger-miles are shown, the number of passengers transported must be entered in Item 17.

Please take special care when recording information on passenger service. Our data verification procedures examine the relationship among the number of passenger train-miles reported in Item 12, the number of passenger miles reported in Item 16, and the number of passengers transported as reported in Item 17. If any of these items contains an entry greater than 0, then it is generally assumed that all three items must have a count. A simple example of a single train movement can demonstrate this: A passenger train containing 250 passengers traveled from point A to point B for a distance of 100 miles. This would be recorded as 100 passenger train-miles; 25,000 passenger miles (250 passengers x 100 miles); and 250 passengers transported.

1. Number of Passengers Transported

Enter the number of passengers transported by rail for the month being reported.

1. Reported Casualties

Reportable casualties to all types of persons are to be reported on this form and are to be categorized according to the type of person. All fatalities, including those due to illness, are to be recorded in the appropriate blocks under the “Fatal” column. All remaining cases, including nonfatal occupational illnesses, are to be shown under the “Nonfatal” column. If no reportable casualties occurred during the report month, enter the word “None” for the “Grand Total.” All casualties shown must also be reported individually on Form FRA F 6180.55a.

Each person is to be classified as one of the following:

* 1. Worker on Duty–Railroad Employee (Class A),
  2. Railroad Employee Not On Duty (Class B),
  3. Passengers on Trains (Class C),
  4. Nontrespassers–On Railroad Property (Class D),
  5. Trespassers (Class E),
  6. Worker on Duty–Contractor (Class F),
  7. Contractor–Other (Class G),
  8. Worker on Duty–Volunteer (Class H),
  9. Volunteer–Other (Class I), and
  10. Nontrespassers–Off Railroad Property (Class J).

Casualties, due to suicides and attempted suicides, that meet the general reporting criteria

shall also be included in the casualty count. There is no special category for reporting suicide or attempted suicide counts. A casualty due to a suicide or attempted suicide is an incident that happens to a person. The injury to an employee on duty that attempts suicide should be counted as a Worker on Duty–Railroad Employee (Class A). The fatality to a trespasser that commits suicide should be counted as a Trespasser (Class E).

1. Number of FRA Forms Attached

List the number of FRA report forms completed during the month:

F 6180.54 Enter the number of forms used to report collisions, derailments, and similar events when a rail equipment accident/incident is being reported.

F 6180.55a Enter the number of forms used to record reportable casualties. If, during the report month, a person is injured and dies on the following day, or on any day prior to the end of the month, this should be reported as a fatality on Form FRA F 6180.55a.

F 6180.56 Enter the number of forms used to report employee hours and casualties. This is usually “0”for each month, except for December, where “1” is normally entered.

F 6180.57 Enter the number of forms used to report impacts between railroad and highway users at crossings.

F 6180.81 Enter the number of Employee Human Factor Attachments which are attached.

1. Remarks Section

Enter any remarks, including explanations for unusual fluctuations in train-miles operated; employee hours; passenger counts, etc.; or operational characteristics that result in contradictory or confusing counts (for example, train-miles are reported, but there are no railroad worker [employee] hours).

#### Common Reporting Errors

*Missing Data.* If the information required for an item is not available at the time a report is to be filed, an estimate should be used. Later, if it is determined that the actual value was substantially different from the estimated value, an amended report must be forwarded.

*Math Errors.* The total number and distribution of casualties reported must agree with the sum of the individual casualties on Form FRA F 6180.55a.

*Contradictory Information.* If employee casualties are reported, the number of railroad worker hours cannot be “0.”

If Rail Equipment Accident/Incident Reports (Form FRA F 6180.54) or Highway-Rail Grade Crossing Accident/Incident Reports (Form FRA F 6180.57) were prepared for accidents/incidents involving moving trains, the total number of miles run during the month cannot be “0.”

If the entry in “Passenger-Miles Operated” is greater than “0,” the entry in “Number of Passengers Transported” cannot be “0,” and vice versa.

If passenger casualties are reported, the entry in “Number of Passengers Transported” cannot be “0.”

#### Submission and Retention

Railroads must submit a hardcopy of the Railroad Injury and Illness Summary (Form FRA F 6180.55), signed under penalty of perjury by the railroad’s reporting officer. In lieu of the hardcopy, a railroad may submit to FRA, via email at [aireports@frasafety.net,](mailto:aireports@frasafety.net) an

electronic image of the completed and signed hardcopy form, in .pdf or .jpg formats only. See

§ 225.37(b)(3). If a railroad submits the form(s) to FRA electronically, via the Internet, the railroad must retain the original signed hardcopy submission for at least 5 years after the calendar year to which it pertains. See § 225.27. If the submission is made using the Internet, the railroad must also retain a hardcopy of FRA’s acknowledgement of receipt for a period of 5 years.

1. **Form FRA F 6180.98 - Railroad Employee Injury and/or Illness Record**

#### Requirement

Each railroad shall maintain either the Railroad Employee Injury and/or Illness Record (Form FRA F 6180.98) or an alternative railroad-designed record of all reportable and all accountable injuries and illnesses of its employees. Include reportable and accountable injuries and illnesses of railroad employees (that is, Worker on Duty–Railroad Employee (Class A) or Railroad Employee Not On Duty (Class B)). See §§ 225.25(a)–(b). Do not include injuries or illnesses of volunteers or contractors. See also § 225.3 regarding certain railroads exempted from the duty to record “accountables.”

Accountable injury or illness means any abnormal condition or disorder of a railroad employee regardless of whether it meets the general reporting criteria listed in § 225.119(d)(1) through (d)(6), when such injury or illness causes or requires the railroad employee to be examined or treated by a qualified healthcare professional, and the railroad employee claims that, or the railroad otherwise has knowledge that, the abnormal condition or disorder is work-related.

The alternative railroad-designed record may be used in lieu of the Railroad Employee Injury and/or Illness Record (Form FRA F 6180.98). Any such alternative record shall contain all of the information required on the Railroad Employee Injury and/or Illness Record. Although this information may be displayed in a different order from that on the Railroad Employee Injury and/or Illness Record, the order of the information shall be consistent from one such record to another such record. The order chosen by the railroad shall be consistent for each of the railroad’s reporting establishments. Railroads may list additional information on the alternative record, beyond the information required on the Railroad Employee Injury and/or Illness Record.

Furthermore, railroads may use their alternative record to collect information on conditions that do not meet the “accountable” or “reportable” definitions, or to make entries for individuals other than employees of the railroad. (See question Q4 and corresponding answer in Chapter 1 for additional guidance.)

It would be difficult, if not impossible, for a railroad to monitor self-treatment of minor injuries. Thus, the type of injuries that are generally expected to be recorded on the Railroad Employee Injury and/or Illness Record (Form FRA F 6180.98) are those that create a “documentation trail.” This documentation could include records such as incident reports, healthcare provider records, or any other records that may identify the fact that an employee has sustained physical harm while in the work environment that required examination or treatment by a qualified healthcare professional. See § 225.5, definition of “accountable injury or illness.” This broad scope is necessary since all conditions, regardless of severity, must be evaluated to determine if the requirements necessary for reporting the injury/illness have been met.

A primary purpose for the recording of accountable cases is to establish a standardized set of data that the reporting officer will use in deciding whether to report a case. It also serves as a tool for FRA Safety Assurance and Compliance officers to use during reviews to determine if proper reporting decisions are being made. Once it has been determined that a particular case is reportable and has been forwarded on Form FRA F 6180.55a, it is no longer necessary to continue to update this record; however, the railroad should update “Was the case reported?” on Form FRA F 6180.98 (or update, in the alternative railroad-designed record, if a Form FRA

F 6180.55a has been filed with FRA). Changes to counts of days absent or restricted duty are to be made on Form FRA F 6180.55a, not Form FRA F 6180.98.

Each railroad shall enter each reportable and each accountable injury and illness on the appropriate record as early as practicable, but no later than 7 working days after receiving information or acquiring knowledge that an injury or illness has occurred. See § 225.25(f).

Railroads must create a Form FRA F 6180.98 for employee fatalities and injuries due to suicides and attempted suicides that are accountable or reportable.

The records described above may be maintained at the local establishment or, alternatively, at a centralized location. If the records are maintained at a centralized location, but not through electronic means, then a paper copy of the records that is current within 35 days of the month to which it applies shall be available for that establishment. If the records are maintained at a centralized location through electronic means, then the records for that establishment shall be available for review in a hardcopy format within 4 business hours of FRA’s request. FRA recognizes that circumstances outside the railroad’s control may preclude it from fulfilling the 4 business-hour time limit. In these circumstances, FRA will not assess a monetary penalty against the railroad for its failure to provide the requested documentation provided the railroad makes a reasonable effort to correct the problem. See § 225.25(g).

Do not submit this form or an alternate railroad-designed record. If a case is determined to be reportable, it must be recorded on Form FRA F 6180.55a and included with the reports filed for that month.

The information required to be recorded on Form FRA F 6180.98 is self-explanatory; therefore, specific instructions for completion are not needed. However, it is important to note that the “Case/Incident Number” identified in Block 2 must be used on Form FRA F 6180.55a for any case determined to be reportable.

The alternative record shall contain, at a minimum, the following information:

1. Name of railroad.
2. Case/incident number.
3. Full name of railroad employee.
4. Date of birth of railroad employee.
5. Gender of railroad employee.
6. Railroad employee identification (ID) number.
7. Date the railroad employee was hired.
8. Home address of railroad employee, including the street address, city, State, zip code, and home telephone number with area code.
9. Name of facility where railroad employee normally reports to work.
10. Address of facility where railroad employee normally reports to work, including the street address, city, State, and zip code.
11. Job title of railroad employee.
12. Department assigned.
13. Specific site where accident/incident/exposure occurred, including the city, county, State, and zip code.
14. Date and time of occurrence, indicated using military time or a.m./p.m..
15. Time employee’s shift began, indicated using military time or a.m./p.m..
16. Whether employee was on premises when injury occurred.
17. Whether employee was on or off duty.
18. Date and time when employee notified company personnel of condition, indicated using military time or a.m./p.m..
19. Name and title of railroad official notified.
20. Description of the general activity this employee was engaged in prior to the injury/illness/condition.
21. Description of all factors associated with the case that are pertinent to an understanding of how it occurred. Include a discussion of the sequence of events leading up to it, and the tools, machinery, processes, material, environmental conditions, etc., involved (When appropriate, a railroad must indicate that an employee fatality or injury is considered “suicide data” in this the narrative section).
22. Description, in detail, of the injury/illness/condition that the employee sustained, including the body parts affected. If a recurrence, list the date of the last occurrence.
23. Identification of all persons and organizations used to evaluate or treat the condition, or both. Include the facility, provider, and complete address.
24. Description of all procedures, medications, therapy, etc., used or recommended for the treatment of the condition.
25. Extent and outcome of injury or illness to show the following, as applicable:
    1. Fatality–enter date of death.
    2. Restricted work, number of days, beginning date.
    3. Occupational illness, date of initial diagnosis.
    4. Instructions to obtain prescription medication, or receipt of prescription medication.
    5. If missed 1 or more days of work or next shift, provide number of work days and beginning date.
    6. Medical treatment beyond “first aid”.
    7. Hospitalization for treatment as an inpatient.
    8. Multiple treatments or therapy sessions.
    9. Loss of consciousness.
    10. Transfer to another job or termination of employment.
    11. Significant injury/illness, one meeting specific case criteria, or a covered data case.
26. Each railroad shall indicate if the Railroad Injury and Illness Summary (Continuation Sheet) (FRA Form F 6180.55a) has been filed with FRA for the injury or illness. If FRA Form F 6180.55a was not filed with FRA, then the railroad shall provide an explanation of the basis for its decision.
27. The railroad shall indicate if the injured or ill railroad employee was provided an opportunity to review his or her file.
28. The railroad shall identify the preparer’s name, title, telephone number with area code, and the date the record was initially signed/completed.
29. **Form FRA F 6180.97 - Initial Rail Equipment Accident/Incident Record**

#### Requirement

Each railroad shall maintain an Initial Rail Equipment Accident/Incident Record (Form FRA

F 6180.97) or an alternative railroad-designed record as described in the following section, of all reportable and accountable rail equipment accidents/incidents. An accountable rail equipment accident/incident means (1) any derailment regardless of whether it causes any damage or

1. any collision, highway-rail grade crossing accident/incident, obstruction accident, other impact, fire or violent rupture, explosion-detonation, act of God, or other accident/incident involving the operation of railroad on-track equipment (standing or moving) that results in damage to the railroad on-track equipment (standing or moving), signals, track, track structures or roadbed and that damage impairs the functioning or safety of the railroad on-track equipment (standing or moving), signals, track, track structures or roadbed. See §§ 225.21(i) and 225.25(d)–(g). See also § 225.3 regarding certain railroads exempted from recording “accountables.”

The alternative railroad-designed record may be used in lieu of the Initial Rail Equipment Accident/Incident Record (Form FRA F 6180.97). Any such alternative record shall contain all of the information required on the Initial Rail Equipment Accident/Incident Record. Although this information may be displayed in a different order from that on the Initial Rail Equipment Accident/Incident Record, the order of the information shall be consistent from one such record to another such record. The order chosen by the railroad shall be consistent for each of the railroad’s reporting establishments. Railroads may list additional information in the alternative record beyond the information required on the Initial Rail Equipment Accident/Incident Record.

Where there are joint operations, each railroad involved must contact all parties involved to determine the extent of the damages for determining reportability. If the property of more than one railroad is involved in an accident/incident, the reporting threshold is calculated by including the damages sustained by all of the railroads involved. When total reportable damage to all railroads directly involved in an accident/incident exceeds the reporting threshold, the railroad must make a report even though its damages were below the threshold.

Any railroad indicating the involvement of another railroad in the accident on its Initial Rail Equipment Accident/Incident Record must promptly notify the other carrier (FRA may be contacted to obtain telephone numbers) and exchange information concerning the accident and obtain the other carriers’ reportable damage.

The alternative record shall contain, at a minimum, the following information:

* 1. Date and time of accident.
  2. Reporting railroad, and accident/incident number.
  3. Other railroad, if applicable, and other railroad’s accident/incident number.
  4. Railroad responsible for track maintenance, and that railroad’s incident number.
  5. The classification of a rail equipment accident/incident by type, which is determined by the first event in the accident/incident sequence. For example, if, following a derailment, a derailed car or locomotive strikes a consist on an adjacent track, the accident/incident would be classified as a derailment, not a collision or other impact. The valid classification of accidents/incidents are as follows:

Derailment Highway-rail crossing collision Head-on collision Railroad grade crossing collision Rear-end collision Obstruction

Side collision Explosion-detonation

Raking collision Fire/violent rupture Broken train collision Other impacts

Other (describe in narrative)

* 1. Number of cars carrying hazardous materials that derailed or were damaged, and number of cars carrying hazardous materials that released product.
  2. Subdivision:

The full name of the subdivision on which the accident occurred, i.e. the track owner’s subdivision name. If the railroad is not so divided, enter the word “system.” In the event of a joint accident involving Amtrak, the host railroad’s subdivision will apply.

Note: If the accident occurred in a major terminal and subdivision is not applicable, enter “Terminal/Yard Name.”

* 1. Nearest city or town.
  2. County (added in 2003).
  3. State.
  4. Milepost (to the nearest tenth).
  5. Specific site.
  6. Speed (indicate if actual or estimate).
  7. Train number or job number.
  8. Type of equipment (freight, passenger, yard switching, etc.).
  9. Type of track (main, yard, siding, industry).
  10. Total number of locomotives in train.
  11. Total number of locomotives that derailed.
  12. Total number of cars in train.
  13. Total number of cars that derailed.
  14. Total amount of damage in dollars to equipment for this accident/incident-based on computations as described in this Guide:

Enter the total amount of damage to all of the consists involved in this accident/incident, and if there are other railroads involved in this accident/incident that have equipment damages, add this to the total.

Then, in the narrative provide a breakdown of the damages by each railroad.

Note: For railroads that are using the AIRG software application to maintain their accident/incident data, AIRG will be modified to accept both sets of information (i.e., the total amount of damage to the railroad’s equipment, and the total amount of damage to the railroad’s equipment added to all other of the railroad’s equipment damage).

* 1. Total amount of damage in dollars to track, signal, way, and structures based on computations as described in this Guide.

Enter the total amount of damage, in dollars, to the track, signal, way, and structures for the accident/incident. If another railroad is responsible for maintaining the track on which the accident/incident occurred, contact this carrier to obtain the cost of damages to the track, signals, roadbed, track structures, etc., then keep this amount for the Initial Rail Equipment Accident/Incident Record.

* 1. Primary cause. Enter into this field the most applicable cause code that describes the cause of the accident from Appendix C, “Train Accident Cause Codes.” The instructions for entry into this field are the same as for Item 38 of FRA Form

F 6180.54, as shown in Chapter 7.

* 1. Contributing cause. Enter into this field the most applicable cause code that describes the contributing cause of the accident from Appendix C, “Train Accident Cause Codes.” The instructions for entry into this field are the same as for Item 39 of FRA Form F 6180.54, as shown in Chapter 7.
  2. Number of persons injured and persons killed, broken down into the following classifications: worker on duty–railroad employee, railroad employee not on duty, passenger on train, nontrespasser–on railroad property, trespasser, worker on duty–contractor, contractor–other, worker on duty–volunteer, volunteer–other, and nontrespasser—off railroad property.

Note: Injuries and fatalities, due to suicides and attempted suicides, that meet the general reporting criteria shall also be included in this field.

* 1. Narrative description of the accident:

Enter a description of the accident, including a list of the breakdown of the equipment damages incurred by each railroad for the accident/incident, and specify which consist this specific Initial Rail Equipment Accident/Incident Record is for. The breakdown is as follows:

Railroad (Enter Code) - Each consist’s equipment damages (e.g., Consist A equipment damage, Consist B equipment damage, etc.), and all other railroads (Enter Codes) and their equipment damages.

Note: Where an accountable or reportable rail equipment accident/incident is caused by a suicide or attempted suicide, the railroad shall indicate that fact in this field.

* 1. Whether the accident/incident was reported to FRA: If the rail equipment accident/incident exceeds the current threshold limit and a Form FRA F 6180.54 is being submitted, specify “Yes.” For highway-rail grade crossing accidents/incidents (which are always reportable), and other non-reportable rail equipment accidents/incidents, specify “No”; however, if a highway-rail grade crossing accident/incident’s damages exceed the current threshold, then specify “Yes.”
  2. Preparer’s name, title, telephone number with area code, and signature.
  3. Date the record was initially signed/completed.

Each railroad shall enter each reportable and accountable rail equipment accident/incident on the appropriate record as early as practicable, but no later than 7 working days after receiving information or acquiring knowledge that a rail equipment accident/incident has occurred. See

§ 225.25(f).

The records described above may be maintained at the local establishment or, alternatively, at a centralized location. If the records are maintained at a centralized location, but not through electronic means, then a paper copy of the records that is current, within 35 days of the month to which it applies, shall be available for that establishment. If the records are maintained at a centralized location through electronic means, then the records for that establishment shall be available for review in a hardcopy format within 4 business hours of FRA’s request. FRA recognizes that circumstances outside the railroad’s control may preclude it from fulfilling the

1. business-hour time limit. In these circumstances, FRA will not assess a monetary penalty against the railroad for its failure to provide the requested documentation, provided the railroad makes a reasonable effort to correct the problem. See § 225.25(g).

Do not submit this form or an alternate railroad-designed record. If an incident is determined to be reportable, it must be recorded on Form FRA F 6180.54 and must be included with the reports filed for that month. If there are any reportable casualties, they must be reported on Form FRA F 6180.55a. Once a determination has been made that the rail equipment accident/incident has become reportable, any further updating should be done on the Form FRA F 6180.54, and you need not update Form FRA F 6180.97; however, you should go back and check off “Yes” for Item 32 (or equivalent item on alternative railroad-designed record) of Form FRA F 6180.97 “Was this accident reported to FRA?”

It is important to note that the “Case/Incident Number” identified in Block 4 must be used on Form FRA F 6180.54 and/or Form FRA F 6180.57 for any case determined to be reportable.

#### Questions and Answers

**Q1. A coupler broke during a switching operation, and the cars behind the broken coupler hit the train it separated from. Would this event mean that the railroad should complete the Initial Rail Equipment Accident/Incident Record?**

A1. This event would qualify as a broken train collision. As this is a collision, if there is damage and that damage impairs the functioning or safety of the railroad on- track equipment (standing or moving), signals, track, track structures, or roadbed involved, then the railroad would be required to complete an Initial Rail Equipment Accident/Incident Record, Form FRA F 6180.97. If the reportable damages exceed the annual reporting threshold, then Rail Equipment Accident/Incident Report Form FRA F 6180.54 must also be completed and submitted to FRA.

#### Q2. Our switch crew had a minor derailment involving one set of wheels of one car. Would this event qualify for the Initial Rail Equipment Accident/Incident Record?

A2. This event would qualify as a derailment and, as such, it is an accountable rail equipment accident/incident. Therefore, an Initial Rail Equipment Accident/Incident Record, Form FRA F 6180.97, must be completed. If the reportable damages exceed the annual reporting threshold, then the Rail Equipment Accident/Incident Report Form FRA F 6180.54 must be completed and submitted to FRA.

#### Q3. What about highway-rail grade crossing accidents? Would these events qualify for the Initial Rail Equipment Accident/Incident Record?

A3. All highway-rail grade crossing accidents/incidents must be reported to FRA on Form FRA F 6180.57. An Initial Rail Equipment Accident/Incident Record, Form FRA F 6180.97, must be completed if the highway-rail grade crossing accident/incident also results in an accountable or reportable rail equipment accident/incident. If the reportable damages exceed the annual reporting threshold, then the Rail Equipment Accident/Incident Report Form FRA

F 6180.54 must also be completed and submitted to FRA.

#### Q4. Our mechanical department personnel reported that they fixed a broken trainline bracket on a box car. It appears that the bracket broke because of normal wear and tear, and was not the result of an accident. Would events like this qualify for an Initial Rail Equipment Accident/Incident Record?

A4. No, if there is no evidence of an accident/incident, e.g., collision, derailment, fire, explosion/detonation, obstruction incident, other impact, etc., and the damage resulted from normal wear and tear, then an Initial Rail Equipment Accident/Incident Record, Form FRA F 6180.97, is not required.

1. **Form FRA F 6180.55a - Railroad Injury and Illness Summary (Continuation Sheet)**

#### Requirement

As set forth in § 225.11 and § 225.19(d), each death, injury, or occupational illness that is a new case and meets the general reporting criteria listed in paragraphs (d)(1) through (d)(6) of this Section shall be reported to FRA on Form FRA F 6180.55a, Railroad Injury and Illness Summary (Continuation Sheet), if an event or exposure arising from the operation of a railroad is a discernable cause of the resulting condition or a discernable cause of a significant aggravation to a preexisting injury or illness. The event or exposure arising from the operation of a railroad need only be one of the discernable causes; it need not be the sole or predominant cause. A new case is presumed work-related if an event or exposure arising from the operation of a railroad is a contributing factor to the injury, illness, or significant aggravation of a preexisting condition. If it is not obvious whether the precipitating event or exposure arose from the operation of a railroad or elsewhere, the railroad must evaluate the circumstances surrounding the injury or illness (e.g., work duties, environment, etc.) to decide whether it is more likely than not that one or more events or exposures arising from the operation of a railroad contributed to the resulting condition or significantly aggravated a preexisting condition. The general injury/illness reporting criteria are as follows:

* + 1. Death to any person;
    2. Injury to any person that results in:
       1. Medical treatment;
       2. Significant injury diagnosed by a physician or other licensed health care professional even if it does not result in death, medical treatment or loss of consciousness of any person; or
       3. Loss of consciousness;
    3. Injury to a railroad employee that results in:
       1. A day away from work;
       2. Restricted work activity or job transfer; or
       3. Significant injury diagnosed by a physician or other licensed health care professional even if it does not result in death, medical treatment, loss of consciousness, a day away from work, restricted work activity or job transfer of a railroad employee;
    4. Occupational illness of a railroad employee that results in:

1. A day away from work;
2. Restricted work activity or job transfer;
3. Loss of consciousness; or
4. Medical treatment;
   * 1. Significant illness of a railroad employee diagnosed by a physician or other licensed health care professional even if it does not result in death, a day away from work, restricted work activity or job transfer, medical treatment, or loss of consciousness;
     2. Illness or injury that:
        1. Meets the application of any of the following specific case criteria:
5. Needlestick or sharps injury to a railroad employee;
6. Medical removal of a railroad employee;
7. Occupational hearing loss of a railroad employee;
8. Occupational tuberculosis of a railroad employee;
9. Musculoskeletal disorder of a railroad employee if this disorder is reportable under one or more of the general reporting criteria; or
   * + 1. Is a covered data case.

#### Reporting Exceptions

In accordance with § 225.15(a), the following accidents/incidents are not reportable:

1. Persons other than railroad employees. A railroad is not to report injuries that occur at highway-rail grade crossings that do not involve the presence or operation of on-track equipment, or the presence of railroad employees then engaged in the operation of a railroad;
2. Employees on Duty. A railroad is not to report the following injuries to or illnesses of a railroad employee as Worker on Duty – Employee (Class A), if any of the following conditions in paragraphs (b)(1) through (b)(3) of this section are met. This exception does not affect a railroad’s obligation to report these injuries as other types of persons (i.e. Employee Not On Duty (Class B); Passengers On Trains (Class C); Nontresspassers – On Railroad Property (Class D)), or a railroad’s obligation to maintain a “Railroad Employee Injury/Illness Record” (Form FRA F 6180.98 or alternative railroad-designed form).
   1. The injury or illness occurred in or about living quarters not arising from the operation of a railroad;
   2. At the time of the injury or illness, the employee was present in the work environment as a member of the general public rather than as an employee; or
   3. The injury or illness is caused by a motor vehicle accident and occurs on a company parking lot or company access road while the employee is commuting to or from work.
3. Employees on or off Duty. A railroad is not to report the following injuries to or illnesses of a railroad employee, Worker on Duty – Employee (Class A) or Employee Not On Duty (Class B), if any of the following conditions in paragraphs (c)(1) through (c)(7) of this section are met.
   1. The injury or illness involves signs or symptoms that surface at work but result solely from a non-work-related event or exposure that occurs outside the work environment;
   2. The injury or illness results solely from voluntary participation in a wellness program or in a medical, fitness, or recreational activity such as blood donation, physical examination, flu vaccination shot, exercise class, racquetball, or baseball;
   3. The injury or illness is solely the result of an employee eating, drinking, or preparing food or drink for personal consumption. Note: However, if the employee is made ill by ingesting food contaminated by workplace contaminants (such as lead), or gets food poisoning from food supplied by the employer, the case would be considered reportable if the case meets the general reporting criteria set forth at §225.19(d)(1)-(d)(6), and reported as either a Worker on Duty – Employee (Class A) or Employee not on Duty (Class B) depending on the employee’s duty status;
   4. The injury or illness is solely the result of an employee doing personal tasks (unrelated to their employment) at the establishment outside of the employee’s assigned working hours;
   5. The injury or illness is solely the result of personal grooming, self medication for a non-work-related condition, or is intentionally self-inflicted (except that for FRA reporting purposes a railroad shall not exclude an accountable or reportable injury or illness that is the result of a suicide or attempted suicide);
   6. The illness is the common cold or flu (Note: contagious diseases such as tuberculosis, brucellosis, hepatitis A, or plague are considered work-related if the employee is infected at work); or
   7. The illness is a mental illness. Mental illness will not be considered work-related unless the employee voluntarily provides the employer with an opinion from a physician or other licensed health care professional with appropriate training and experience (psychiatrist, psychologist, psychiatric nurse practitioner, etc.) stating that the employee has a mental illness that is work-related.
4. Contractors and volunteers. A railroad is not to report injuries to contractors and volunteers that are listed in paragraphs (b) and (c) of this section. For purposes of this paragraph only, an exception listed in paragraphs (b) and (c) referencing “work environment” is construed to mean for contractors and volunteers only, on property owned, leased, operated over or maintained by the railroad for railroad operations.
5. Rail equipment accident/incidents. The following exceptions do not impact the railroad’s obligation to maintain records of accidents/incidents as required by § 225.25 (Form FRA F 6180.97, “Initial Rail Equipment Accident/Incident Record”), as applicable. A railroad is not to report the following rail equipment accidents/incidents:
   1. Cars derailed on industry tracks by non-railroad employees or non-railroad employee vandalism, providing there is no involvement of railroad employees; and
   2. Damage to out of service cars resulting from high water or flooding (e.g., empties placed on a storage or repair track). This exception does not apply if such cars are placed into a moving consist and as a result of this damage a reportable rail equipment accident results.

#### Suicide Data

Suicides and attempted suicides are no longer exceptions to FRA’s reporting requirements and must be reported to FRA as “suicide data” on Form FRA 6180.55a when the casualty meets the general reporting criteria. Therefore, a railroad must evaluate the injury or fatality to determine whether it needs to create a report. Although self-inflicted wounds not inflicted for the purpose of committing suicide are still excluded (i.e., an employee intentionally cuts his hand without intending to kill himself). See § 225.15(c)(5).

*Suicide data* is data regarding the death of an individual due to that individual’s commission of suicide as determined by a coroner, public police officer or other public authority; or injury to an individual due to that individual’s attempted commission of suicide as determined by a public police officer or other public authority. A railroad police officer is not considered a public police officer within the meaning of the term. A public authority is a Federal, State, or local governmental agency with the legal authority to declare a casualty a suicide or an attempted suicide. Only the death of or injury to the individual who committed the suicidal act is considered to be suicide data. Therefore, an injury or fatality caused to a person by another person who committed suicide or attempted to commit suicide is not suicide data. For example, if the impact between the railroad on-track equipment and a highway user occurred because the highway user committed or attempted to commit suicide (as determined by a coroner, public police officer, or other public authority), the death of or injury to that highway user must be reported to FRA.

A railroad may accept verbal confirmation from the coroner, public police officer, or other public authority of the cause of the fatality or injury. Where a railroad receives verbal confirmation, it must document that confirmation in writing and create an audit trail so that FRA may confirm the cause of the casualty at a later time. The audit trail should include, but is not limited to, documentation of the name of the public police officer, coroner, or other public authority determining cause of death, his or her title, the date of confirmation, for whom the individual works, and the individual’s telephone number and mailing address.

When appropriate, railroads must report suicide data on Forms FRA F 6180.55a, FRA F 6180.54, and FRA F 6180.57, as follows:

1. Form FRA F 6180.55a–Place an “X” representative of “suicide or attempted suicide” in Block 5r.
2. Form FRA F 6180.54–Place the following Miscellaneous Cause Codes, as applicable, in Block 38: (a) Code M309 “Suicide (Highway-Rail Grade Crossing Accident)”; (b) Code M310 “Attempted Suicide (Highway-Rail Grade Crossing Accident)”; (c) Code M509 “Suicide (Other Misc.)”; and (d) Code M510 “Attempted Suicide (Other Misc.).” These codes can be found in Appendix C, “Train Accident Cause Codes” to this Guide.
3. Form FRA F 6180.57–Mark in Block 41, “Driver Action,” the selection for “Suicide or Attempted Suicide.” Include the suicides and attempted suicides in the casualty counts in Blocks 46, 49, and 52, as applicable.

When applicable, railroads must record/report suicide data on the below forms as follows:

1. Form FRA F 6180.97: A railroad shall include casualties that result from suicides and attempted suicides in the casualty count. In addition, where an accountable or reportable rail equipment accident/incident is caused by a suicide or attempted suicide, the railroad shall indicate that fact in the narrative field.
2. Form FRA F 6180.98: A railroad must indicate in the narrative section that the accountable or reportable injury or fatality resulted from the person’s suicidal act.

In addition, railroads must include suicide data in the casualty count on Form FRA F 6180.55.

FRA will maintain suicide data in a database that is not publically accessible. FRA will not include suicide data (as defined in § 225.5) in its periodic summaries of data on the number injuries and illnesses associated with railroad operations. See § 225.41, Suicide Data. Suicide data will not be available on FRA’s Web site for individual reports or downloads. Suicide data will, however, be available to the public in aggregate format on FRA's website and via requests under the Freedom of Information Act (FOIA). For additional information on FOIA requests, see FRA’s Web site at [http://www.fra.dot.gov/us/foia.](http://www.fra.dot.gov/us/foia) FRA will not report suicide data to DOL. Suicide data will also be available to FRA inspectors and State agencies participating in investigative activities under part 212. See § 225.31. States will also be able to obtain individual reports directly from the railroads pursuant to § 225.1. See § 225.1.

#### Covered Data

**Covered data** is information that must be reported to FRA so that FRA’s reporting requirements remain consistent with OSHA. Covered data concerns railroad employee injuries or illnesses that are reportable exclusively because a physician or other licensed health care professional:

1. Recommends in writing that:
   1. The employee take 1 or more days away from work when the employee instead reports to work (or would have reported had he or she been scheduled) and takes no days away from work in connection with the injury or illness and returns to full duty (no restricted days);
   2. The employee work restricted duty for 1 or more days when the employee instead works unrestricted (or would have worked unrestricted had he or she been scheduled) and takes no days of restricted work activity in connection with the injury or illness;
   3. The employee take over-the-counter (OTC) medication at a dosage equal to or greater than the minimum prescription strength, whether or not the employee actually takes the medication; or
2. Makes a one-time topical application of a prescription-strength medication to the employee’s injury.

Although “covered data” cases will be retained in the files and will be accessible on FRA’s Web site, these cases will not be included in the casualty counts found in FRA’s regular publications, e.g., Annual Report of Railroad Safety Statistics.

#### Employee On-Duty Injury/Illness Reporting

*Basic Requirement. See Chapter 6.1 of this Guide. See also* § 225.11 and § 225.19(d),

##### *Questions and Answers on Employee On-Duty Injury/Illness Reporting*

**Q1. What if the injury was caused by the employee’s own negligence or was a result of events beyond the railroad’s control, e.g., an employee was assaulted by a trespasser, or two employees were engaged in horseplay. Would this make a difference in terms of whether the injury or illness must be reported?**

A1. No. Responsibility or fault is not a consideration when deciding whether to report. FRA notes that many circumstances that lead to a reportable work-related injury or illness are “beyond the employer’s control,” at least as that phrase is commonly interpreted. Nevertheless, because such an injury or illness was caused, contributed to, or significantly aggravated by an event or exposure arising from the operation of the railroad, it must be reported (assuming that it meets one or more of the reporting criteria and does not qualify for a reporting exception under § 225.15.) This approach is consistent with the no-fault reporting system FRA has adopted, which includes work-related injuries and illnesses, regardless of the level of employer control involved.

The following do not affect reportability if there is evidence an employee was injured or made ill while in the work environment:

* + - 1. The event or exposure was not witnessed.
      2. The employee did not immediately notify a supervisor.
      3. The employee did not require medical treatment at the time of the condition.
      4. The condition was the result of an employee’s error.
      5. The condition was caused by outside factors, e.g., assault on an employee, an insect or animal bite, lightening strike, other act of nature.
      6. The condition did not meet all the necessary conditions for reporting at the time of the initial event, activity, or exposure.
      7. The condition was the culmination of a series of activities.
      8. The employee cannot specifically identify when or how he or she was injured.

#### Q2. How do I decide whether a particular injury or illness of an employee on duty is reportable?

A2. The following decision tree shows the basic steps involved in making this determination:

Update the previously reported injury or illness entry if necessary.

Is the injury or illness a new case?

Do not report the injury or illness (may require Form FRA

F 6180.98).

Report the injury or illness on form FRA F 6180.55a.

Did the employee experience an injury or illness?

Is the injury or illness work- related?

Does the injury or illness meet the general reporting criteria or the application to specific cases?

No

Yes

No

Yes

No

Yes

No

Yes

#### Determination of Work-Relatedness

You must consider an injury or illness to be work-related if an event or exposure in the work environment discernibly caused or contributed to the resulting condition, or if an event or exposure occurring in the work environment is a discernable cause of a significant aggravation to a preexisting injury or illness. The work event or exposure need only be one of the causes of, or contributors to, the resulting injury or illness; it need not be the sole or predominant cause or contributor. Work-relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the work environment, even if the injury or illness does not have a clear connection to a specific work activity or is not occupational in nature.

Injuries and illnesses that occur at work may not have a clear connection to a specific work activity, condition, or substance that is peculiar to the employment environment. For example, an employee may trip for no apparent reason while walking across a level factory floor; be sexually assaulted by a co-worker; or be injured accidentally as a result of an act of violence perpetrated by one co-worker against a third party. In these and similar cases, the employee’s job-related tasks or exposures did not create or contribute to the risk that such an injury would occur. Nevertheless, these cases are work-related. The causal connection is established by the fact that the injury would not have occurred but for the conditions and obligations of employment that placed the employee in the position in which he or she was injured or made ill.

An injury or illness is not reportable if the injury or illness involves signs or symptoms that manifest themselves at work but result solely from a non-work-related event or exposure that occurs outside the work environment. See reporting exceptions listed at § 225.15.

If it is not obvious whether the precipitating event or exposure that caused or contributed to an injury or illness occurred in the work environment or elsewhere, the employer must evaluate the employee’s work duties and environment to decide whether one or more events or exposures in the work environment caused or contributed to the resulting condition, or significantly aggravated a preexisting condition. As long as the event or exposure occurred at work and is a discernable cause of the injury or illness or is a discernable cause of a significant aggravation to a preexisting injury or illness, the injury or illness is work-related. If an injury is within the presumption of work-relatedness, the employer can rebut work-relatedness only by showing that the case falls within an exception listed in § 225.15. This means that the employer must make a determination as to whether it is more likely than not that work events or exposures were a discernable cause of the injury or illness, or a discernable cause of a significant aggravation to a preexisting condition. The evaluation might include consultation with an ergonomics expert as well as a PLHCP. A review of the job description, alone, is not sufficient without reviewing all of the employee’s collateral duties. If the employer decides the case is not work-related, and FRA subsequently issues a citation for failure to report, the Government would have the burden of proving that the injury or illness was work-related.

##### *Interpretations on Work-Relatedness*

**Scenario 1:**

An employer asks if an injury or illness sustained by an on-duty employee while he or she is engaged in an activity, such as walking or bending, is considered work-related. The employer notes that a case is presumed to be work-related if an event or exposure in the work environment discernibly caused or contributed to the injury or illness. The work event or exposure need only be one of the causes or contributions to the injury or illness; it need not be the sole or predominant cause.

#### Response 1:

The question employers must answer is whether there is an identifiable event or exposure that occurred in the work environment and resulted in the injury or illness. Thus, if an employee trips while walking across a level shop floor, the resulting injury is considered work-related because the precipitating event—the tripping accident—occurred in the workplace. The case is work- related even if the employer cannot determine why the employee tripped, or whether any particular workplace hazard caused the accident to occur.

The activity engaged in by the employee at the time of the injury—walking—is an “event” that would trigger application of the presumption. Other examples of events include sneezing, climbing, tripping, and bending down. In the absence of evidence to overcome the presumption, the injury is work-related. Thus, in the absence of evidence to overcome the presumption, an ankle injury caused by a trip that occurred while the employee was walking down a level seamless hallway at work is work-related, regardless of whether the accident is attributable to a defect in the hall. By the same reasoning, if the activity of walking down a hallway caused the employee’s knee to buckle or to sprain the ankle, the injury is work-related. If an injury or illness did not result from an identifiable event or exposure in the work environment, but only manifested itself during work, the injury is not work-related. For example, if the employee had a non-occupational event or exposure, and there is no evidence of a work-related event or exposure that caused or contributed to the injury or illness, the injury should not be reported.

There is also the issue of whether the determination of work-relatedness is affected by an employee’s preexisting condition. For reporting purposes, a preexisting condition is an injury or illness resulting solely from a non-work-related event or exposure. If an employee’s preexisting condition is worsened as a result of an event or exposure at work, the case is work-related if the work event or exposure “significantly aggravated” the preexisting condition (i.e., discernibly caused the case to meet any of the general criteria).

If an employee with a previous work-related injury to a body part suffers a subsequent work- related injury of the same type to the same body part, the subsequent injury is reportable (assuming the general reporting criteria are met) if it is a “new case” as described in this chapter.

If the subsequent injury is not a “new case,” then the railroad is required to update the previously submitted injury or illness report if necessary.

#### Scenario 2:

An employee reported to work at 7:00 a.m. At 12:15 p.m., the employee reported that his toes on his left foot started swelling and his foot started hurting. The employee wanted to go to a doctor for evaluation.

On the first report of injury that the employee completed before he went to the doctor, the employee indicated that the cause of the illness was “unknown.”

When answering the doctor’s question: “How did the injury occur?,” the employee answered that the only thing he could think of was that his feet were wet all the previous day due to work in the morning at a cooling tower. The cooling tower water is treated to remove bacteria and then used in process operations in the plant.

The doctor described the illness/injury as foot edema/cellulitis. The doctor also diagnosed the injury as an occupational disease, prescribed an antibiotic, and the employee missed 1 day of work. The company sent the employee to a second doctor who said to continue using the antibiotic. Neither doctor could state conclusively that the foot edema/cellulitis was or was not due to the employee’s feet being wet due to work at the cooling tower. Neither doctor is a specialist in skin disorders.

During an incident review at the site, the employee again said he did not know if his feet being wet all day the previous day caused the injury/illness. The employee also stated that he had not worn the personal protective equipment—rubber boots—prescribed for this task.

The company determined that this injury/illness was not work-related (did not occur in the course of or as a result of employment), since neither physician nor the employee could state with certainty that the injury/illness was caused by the employee’s feet being wet all day due to work at the cooling tower. Since the injury/illness was determined to not be work-related, the company deemed the incident non-reportable.

#### Response 2:

A case is work-related ***if it is more likely than not*** that an identifiable event or exposure in the work environment was a discernable cause of the injury or illness. The work event or exposure need only be one of the causes; it need not to be the sole or predominant cause. In this case, the fact that neither the physician nor the employee could state with absolute certainty that the employee’s edema was caused by working with wet feet is not dispositive. In these situations, the railroad should evaluate the surrounding circumstances and relevant information (i.e., the

physician’s description of the edema as an “occupational disease,” the employee’s statement that working with wet feet was “the only thing he could of” as the cause, the employee’s medical history and events surrounding the injury/illness) to determine whether it is more likely that the identifiable event (working with wet feet) was a cause. The fact that the employee did not wear proper protective equipment is irrelevant for reporting purposes. If the railroad determines that the case it reportable, the case must be recorded on the Railroad Employee Injury and/or Illness Record, Form FRA F 6180.98, and reported to FRA on Form FRA F 6180.55a.

#### Scenario 3:

An employee was to report to work by 8:00 a.m. The employee drove into the company parking lot at 7:30 a.m. and parked the car. The employee exited the car and proceeded to the office to report to work. The parking lot and sidewalks are privately owned by the facility and both are within the property line, but not the controlled access points (i.e., fence, guards). The employee stepped onto the sidewalk and slipped on the snow and ice. The employee suffered a back injury and missed multiple days of work. The company believes that the employee was still in the process of the commute to work since the employee had not yet checked in at the office. Since a work task was not being performed, the site personnel deemed the incident not work-related and therefore not reportable.

#### Response 3:

Company parking lots and sidewalks are part of the employer’s establishment for injury/illness reporting purposes. In this case, the employee slipped on an icy sidewalk while walking to the office to report for work. In addition, the event or exposure that occurred does not meet any of the work-related exceptions. The employee was on the sidewalk because of work not because the employee was a member of the general public or a trespasser. The event or exposure occurred in the work environment and caused or contributed to the resultant injury. Therefore, the case is work-related, regardless of the fact that he had not actually checked in, and must be reported as a case involving a Railroad Employee Not On Duty (Class B). See reporting exceptions listed at § 225.15.

#### Scenario 4:

An employee reports to work. Several hours later, the employee goes outside for a “smoke break and to get a pair of sunglasses from his truck.” The employee slips on ice and injures his back.

Since the employee was not performing tasks related to the employee’s work, the company has deemed this incident non-work-related and therefore not reportable.

#### Response 4:

An injury or illness is not work-related if it is solely the result of an employee doing personal tasks (unrelated to their employment) at the establishment outside of the employee’s assigned working hours. See reporting exceptions listed at § 225.15. In order for this exception to apply, the case must meet both of the stated conditions. The exception does not apply here because the injury or illness occurred within normal working hours as “breaks” during normal working hours are considered within assigned working hours. Therefore, this case is work-related, and must be recorded on the Railroad Employee Injury and/or Illness Record, Form FRA F 6180.98, and reported on Form FRA F 6180.55a.

#### Scenario 5:

An employee drove into the company parking lot at 7:30 a.m., exited his car, and proceeded to cross the parking lot to clock in to work. A second employee, also on the way to work, approached the first employee, and the two individuals got into a physical altercation in the parking lot. The first employee broke an arm during the altercation. The employee went to the doctor and received medical treatment for his injury.

The company deemed this a non-work-related incident, and therefore non-reportable, since the employees had not yet reported to work and a work task was not being performed at the time of the altercation.

#### Response 5:

The reporting requirements contain no general exception for purposes of determining work- relatedness for cases involving acts of violence in the work environment. Company parking lots/access roads are part of the employer’s premises and therefore part of the employer’s establishment. Whether the employee had not clocked in to work does not affect the outcome for determining work-relatedness. Therefore, this case is work-related and must be recorded on the Railroad Employee Injury and/or Illness Record, Form FRA F 6180.98, and reported on Form FRA F 6180.55a.

#### Scenario 6:

An employee injured a knee performing work-related activities in 2005. The accident was

FRA-reportable. The employee had arthroscopic knee surgery 11 months later and was released to full duty a month and a half after the arthroscopic surgery.

The employee had a second knee injury 3 months after the return to work release (after the first surgery). After the second surgery, the doctor prescribed Vioxx® as an anti-inflammatory drug.

Approximately 1½ months after the second knee surgery, the employee was given another full release to return to work full duty, and returned to work. However, the doctor told the employee to continue to take Vioxx® as prescribed (as needed) and to return to the doctor as needed. The employee scheduled a followup appointment with the doctor. The day before the appointment, the employee bumped his knee at work. During his scheduled doctor’s appointment (which was to be the last followup visit), the employee mentioned the latest incident (bumping the knee) to the doctor and showed him where the pain was occurring due to bumping his knee. The doctor stated that the employee had an inflamed tendon (Grade 1 lateral collateral ligament sprain) that was not part of the initial surgery (patellar tendonitis). The doctor stated in the diagnosis that the original injury that required knee surgery was resolved. The doctor told the employee to continue taking Vioxx® for the inflamed tendon. Since the employee was already taking the medication prescribed (Vioxx®), the railroad does not believe this is reportable as a second incident.

#### Response 6:

In the accident/incident regulation and reporting guidelines, the employer is required to follow any determination a physician or other licensed healthcare professional has made about the status of a new case. The inflamed tendon is a new case because the employee had completely recovered from the previous injury and illness and a new event or exposure had occurred in the work environment.

#### Scenario 7:

An employee knits a sweater for her daughter during a lunch break. She lacerates her hand and needs sutures. She is engaged in a personal task. Are lunch breaks or other breaks considered “assigned working hours?” Is the case reportable?

#### Response 7:

This case must be reported because it does not meet the exception to work-relatedness for injuries that occur in the work environment but are solely due to personal tasks. For the “personal tasks” exception to apply, the injury or illness must: 1) be solely the result of the employee doing personal tasks (unrelated to their employment) and 2) occur outside of the employee’s assigned working hours. The exception does not apply to injuries and illnesses that occur during breaks in the normal work schedule. Here, the exception does not apply because the injury occurred during the employee’s lunch break.

#### Scenario 8:

Does an employee become a part of the general public once they have timed out? Or, are they considered part of the workforce from the time they get out of their car coming in to work to the time they step into their car to go home at the end of their work day?

#### Response 8:

For purposes of FRA recordkeeping, injuries, and illnesses occurring in the work environment are considered work-related. Punching in and out with a time clock (or signing in and out) does not affect the outcome for determining work-relatedness. If the employee experienced a work- related injury or illness that meets the requirement for recording on a Form FRA F 6180.98 record, then the paperwork must be retained on file. If it satisfies one or more of the general reporting criteria, it must be reported on Form FRA F 6180.55a. The only distinction is whether to report it as a Railroad Employee On Duty (Class A) or Railroad Employee Not On Duty (Class B). Employees are considered members of the general public when they are present in the work environment for reasons solely unconnected with their employment or without their employer’s permission. Again, an employee does not become a member of the general public solely by being present in the work environment outside of assigned work hours. For example, an employee of a passenger railroad maybe considered a member of the general public in the work environment when they are a passenger on the train for personal reason unconnected to work (i.e., personal vacation).

#### Scenario 9:

An employee times out and chooses to linger in the plant. Then, she goes to her locker to lock up her personal items, and falls. Is the injury work-related?

#### Response 9:

Since the resultant injury occurred in the work environment, it is work-related, unless a specific exception applies. There are not enough factual details provided in the scenario for FRA to fully evaluate whether an exception under § 225.15 applies in the circumstances described. However, if employees normally keep personal items in a locker at the plant, FRA would not consider the employee’s actions in going to her locker before leaving the plant to be a personal task, unrelated to employment, for purposes of the exception.

##### *Questions and Answers on Employees—Determination of Work-Relatedness*

**Q3. Are there situations in which an injury or illness occurs to an employee while in the work environment, but would not be reported as an injury to, or illness of, an employee on duty?**

A3. Yes. An injury or illness occurring in the work environment that falls under one of the reporting exceptions set forth at § 225.15(b) would not be reported as one to an employee on duty. These situations must be evaluated to determine if the employee’s condition is reportable using the criteria for individuals who are not employees on duty, e.g., employee not on duty, nontrespasser.

#### Q4. What activities are considered “personal grooming” for purposes of the exception to the geographic presumption of work-relatedness for employees on duty?

A4. Personal grooming activities are activities directly related to personal hygiene, such as combing and drying hair, brushing teeth, clipping fingernails, and the like. Bathing or showering at the workplace, when necessary, because of an exposure to a substance at work, is not within the personal grooming exception. Thus, if an employee slips and falls while showering at work to remove a contaminant to which he has been exposed at work, and sustains an injury that meets one of the general reporting criteria, the case is reportable.

#### Q5. What are “personal tasks” for purposes of the reporting exception under

**§ 225.15?**

A5. “Personal tasks” are tasks that are unrelated to the employee’s job. For example, if an employee uses a company break to perform work on his or her personal automobile that is not part of his or her job duties, he or she is engaged in a personal task. However, this example would still be reportable as the employee is performing a personal task during a lunch break, which is within assigned work hours. Note that a case is reportable unless it meets both prongs of the exception under § 225.15: the case must involve first, personal tasks at the establishment; and second, must have occurred outside of the employee’s assigned working hours. See Q7 and A7, below.

#### Q6. If an employee stays at work after normal work hours to prepare for the next day’s tasks and is injured, is the worker considered to be an employee on duty? For example, if an employee stays after work to prepare equipment and is injured, is the case work-related?

A6. Yes. This individual’s injury is considered to be work-related. A case is work- related any time an event or exposure in the work environment either causes or contributes to an injury or illness, or significantly aggravates a preexisting injury or illness, unless one of the specific exceptions in this section applies. The work environment includes the establishment and other locations where one or more employees are working or are present as a condition of their employment. The case in question would be work-related if the employee was injured as a result of an event or exposure at work, regardless of whether the injury occurred after normal work hours and regardless of whether the employee was in pay status.

#### Q7. An employee was injured in the workplace while performing a personal task (unrelated to their employment) outside of the employee’s assigned working hours; is the injury reportable?

A7. In order to correctly apply the reporting exception, the case must meet both of the following conditions. The case must involve first, personal tasks at the establishment; and second, must have occurred outside of the employee’s assigned working hours. In this case, the conditions are met. Thus, this case would not be reportable as an injury to a Railroad Employee On Duty (Class A).

#### Q8. How do I handle a case if it is not obvious whether the precipitating event or exposure occurred in the work environment or occurred away from work?

A8. You must evaluate the employee’s work duties and environment to decide whether it is more likely than not that one or more events or exposures in the work environment either caused or contributed to the resulting condition or significantly aggravated a preexisting condition. The evaluation might include consultation with an ergonomics expert as well as a PLHCP. A review of the job description alone is not sufficient without reviewing all of the employee’s collateral duties.

#### Q9. How do I know if an event or exposure in the work environment “significantly aggravated” a preexisting injury or illness?

A9. A preexisting injury or illness has been significantly aggravated, for purposes of FRA injury and illness recordkeeping, when:

With respect to any person:

* + - 1. Death, provided that the preexisting injury or illness would likely not have resulted in death but for the occupational event or exposure.
      2. Loss of consciousness, provided that the preexisting injury or illness would likely not have resulted in loss of consciousness but for the occupational event or exposure.
      3. Medical treatment in a case where no medical treatment was needed for the injury or illness before the workplace event or exposure, or a change in medical treatment was necessitated by the workplace event or exposure.

With respect to a railroad employee:

(1) One or more days away from work, days of restricted work, or days of job transfer that otherwise would not have occurred but for the occupational event or exposure.

#### Q10. Which injuries and illnesses are considered preexisting conditions?

A10. An injury or illness is a preexisting condition if it resulted solely from a non- work-related event or exposure that occurred outside the work environment, e.g., diabetes.

#### Q11. An employee-on-duty was injured at work and received medical treatment.

**The employee was also tested for alcohol and drugs. The test was positive for alcohol. The employee admitted that he had been previously treated for alcohol abuse. An investigation determined that this event or exposure would not have occurred except for the alcohol impairment. Since the employee already had an existing problem with alcohol abuse, would this injury meet the reporting exception that the injury or illness involves signs or symptoms that manifest themselves at work but result solely from a non- work-related event or exposure that occurs outside the work environment?**

A11. The positive drug/alcohol history is not a qualifying reporting exception. There are some medical conditions, such as epilepsy, that cannot be controlled by the employee. The Americans with Disabilities Act, Public Law 101-336, prohibits discrimination on the basis of epilepsy in employment. That is why OSHA has excluded injuries occurring as a result of epilepsy from injury reporting with the revised regulation, if the workplace environment did not trigger the epileptic seizure. This exception allows the employer to exclude cases where a loss of consciousness is due solely to a personal health condition, such as epilepsy, diabetes, or narcolepsy.

This concept cannot be extended to alcohol dependency or the use of legal or illegal drugs. Impairment by drugs or alcohol is a serious problem in the workplace; however, it is not classified as a preexisting condition for purposes of reporting injuries. The employer is expected to keep the workplace drug-free and to report all injuries that meet FRA’s reporting criteria, including those that are associated with a positive drug/alcohol test result.

#### Q12. How do I decide whether an injury or illness is work-related if the employee is on travel status at the time the injury or illness occurs?

A12. Injuries and illnesses that occur while an employee is on travel status are work- related if, at the time of the injury or illness, the employee was engaged in work activities “in the interest of the employer.” Examples of such activities include travel to and from customer contacts, conducting job tasks, and entertaining or being entertained to transact, discuss, or promote business (work-related

entertainment includes only entertainment activities being engaged in at the direction of the employer).

Injuries or illnesses that occur when the employee is on travel status should be evaluated as follows:

1. An employee checks into a hotel or motel for 1 or more days. When a traveling employee checks into a hotel, motel, or other temporary residence, he or she establishes a “home away from home.” You must evaluate the employee’s activities after he or she checks into the hotel, motel, or other temporary residence for their work-relatedness in the same manner as you evaluate the activities of a non-traveling employee. When the employee checks into the temporary residence, he or she is considered to have left the work environment. When the employee begins work each day, he or she re- enters the work environment. If the employee has established a “home away from home” and is reporting to a fixed worksite each day, you also do not consider injuries or illnesses work-related if they occur while the employee is commuting between the temporary residence and the job location.

Note: An employee in deadhead transportation is considered an “employee on duty” regardless of the mode of transportation. Deadhead transportation occurs when an employee is traveling at the direction or authorization of the carrier to or from an assignment, or the employee is involved with a means of conveyance furnished by the carrier or compensated by the carrier.

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Exception: If an employee is housed by the carrier in a facility such as a motel, and part of the service provided by the motel is the transportation of the employee to and from the worksite, any reportable injury to the employee during such transit is to be reported as that to a Railroad Employee Not On Duty (Class B). If the employee had decided upon other means of transportation that had not been authorized or provided, such as a ride from a friend, and for which he would not have been compensated by the railroad, the injury is not considered work-related.

1. An employee takes a detour for personal reasons. Injuries or illnesses are not considered work-related if they occur while the employee is on a personal detour from a reasonably direct route of travel (e.g., has taken a side trip for personal reasons).

#### Q13. This question involves the following sequence of events: Employee A drives to work, parks her car in the company parking lot, and is walking across the

**lot, when she is struck by a car driven by Employee B, who is commuting to work. Both employees are seriously injured in the accident. Is either worker considered to be an employee on duty?**

A13. Neither employees’ injuries are reportable as occurring to a Railroad Employee On Duty (Class A). While the employee parking lot is part of the work environment, injuries occurring there would be classified as injuries to Railroad Employees Not On Duty (Class B).

#### Q14. How do I decide if a case is work-related when the employee is working at home or telecommuting from another location?

A14. Injuries and illnesses that occur while an employee is working at home, including work in a home office, will be considered work-related if the injury or illness occurs while the employee is performing work for pay or compensation in the home, and the injury or illness is directly related to the performance of work rather than to the general home environment or setting. For example, if an employee drops a box of work documents and injures his or her foot, the case is considered work-related. If an employee is injured because he or she trips on the family dog while rushing to answer a work phone call, the case is not considered work-related. If an employee working at home is electrocuted because of faulty home wiring, the injury is not considered work-related.

#### Q15. If an employee voluntarily takes work home and is injured while working at home, is the case reportable?

A15. No. Injuries and illnesses occurring in the home environment are only considered work-related if the employee is being paid or compensated for working at home and the injury or illness is directly related to the performance of the work rather than to the general home environment.

#### Determination of New Cases

You must consider an injury or illness to be a “new case” if:

1. The person has not previously experienced a reported injury or illness of the same type that affects the same part of the body; or
2. The person previously experienced a reported injury or illness of the same type that affected the same part of the body but had recovered completely (all signs and symptoms had disappeared) from the previous injury or illness; and an event or exposure in the work environment discernibly caused the signs or symptoms to reappear.

The following criteria are used for determining whether any injury or illness, including a musculoskeletal disorder, is to be treated as a new case or as the continuation of an “old” injury or illness. First, if the employee has never had a reported injury or illness of the same type and affecting the same part of the body, the case is automatically considered a new case and must be evaluated for reportability. This provision will handle the vast majority of injury and illness cases, which are new cases rather than recurrences or case continuations. Second, if the employee has previously had a reported injury or illness of the same type and affecting the same body part, but the employee has completely recovered from the previous injury or illness, and a new workplace event or exposure causes the injury or illness (or its signs or symptoms) to reappear, the case is a recurrence that the employer must evaluate for reportability.

When an employer has determined that an employee injury or illness is an old case, the employer should review any additional or new information and amend the old records or reports when appropriate. If it is a new case, it must be reviewed for reportability.

##### *Questions and Answers on New Cases*

**Q16. How is an employer to determine whether an employee has “recovered completely” from a previous injury or illness such that a later injury or illness of the same type affecting the same part of the body resulting from an event or exposure at work is a new case? If an employee’s signs and symptoms disappear for a day and then resurface the next day, should the employer conclude that the later signs and symptoms represent a new case?**

A16. An employee has recovered completely from a previous injury or illness, for purposes of this section, when he or she is fully healed or cured. The employer must use his best judgment based on factors such as the passage of time since the symptoms last occurred and the physical appearance of the affected part of the body. If the signs and symptoms of a previous injury disappear for a day only to reappear the following day, that is strong evidence the injury has not properly healed. The employer may, but is not required to, consult a PLHCP. Where the employer does consult a PLHCP to determine whether an employee has recovered completely from a prior injury or illness, it must follow the PLHCP’s recommendation. In the event the employer receives recommendations from two or more PLHCPs, the employer may decide which recommendation is the most authoritative and report the case based on that recommendation.

#### Q17. When an employee experiences the signs or symptoms of a chronic work- related illness, do I need to consider each recurrence of signs or symptoms to be a new case?

A17. No. For occupational illnesses where the signs or symptoms may recur or continue in the absence of an exposure in the workplace, the case must only be

reported once. Examples may include occupational cancer, asbestosis, byssinosis, and silicosis.

#### Q18. When an employee experiences the signs or symptoms of an injury or illness as a result of an event or exposure in the workplace, such as an episode of occupational asthma, must I treat the episode as a new case?

A18. Yes. Since the episode or recurrence was caused by an event or exposure in the workplace, the incident must be treated as a new case.

#### Q19. May I rely on a PLHCP to determine whether a case is a new case or a recurrence of an old case?

A19. You are not required to seek the advice of a PLHCP to determine whether a case is new or a recurrence of an old one. However, if you do seek such advice, you must follow the PLHCP’s recommendation about whether the case is a new case or a recurrence. If you receive recommendations from two or more PLHCPs, you must make a decision as to which recommendation is the most authoritative (best documented, best reasoned, or most persuasive), and report the case based upon that recommendation. If a subsequent physician determines that the condition does not exist or is not work-related following a review of the examining physician’s tests, notes, diagnosis, etc., then it must be clearly documented why the subsequent physician’s findings differ from the original physician.

#### General Reporting Criteria

FRA’s general reporting criteria for death, injury, or occupational illness is set forth in Chapter

6.1 of this Guide.

##### *Questions and Answers on General Reporting Criteria*

**Q20. How do I decide if a case meets one or more of the general reporting criteria?**

A20. A work-related injury or illness must be reported if it results in one or more of the following:

* + - 1. Death.
      2. Days away from work.
      3. Restricted work or transfer to another job.
      4. Medical treatment beyond first aid.
      5. Loss of consciousness.
      6. A significant injury or illness diagnosed by a PLHCP.
      7. Needlestick or sharps injury.
      8. Medical removal.
      9. Occupational hearing loss.
      10. Occupational tuberculosis.
      11. Musculoskeletal disorder if this disorder is reportable under one or more of the general reporting criteria.
      12. Covered data case.

##### *Questions and Answers on Days Away from Work*

**Q21. How do I report a work-related injury or illness that results in day(s) away from work?**

A21. When an injury or illness involves 1 or more days away from work, you must report the injury or illness on Form FRA F 6180.55a and report the number of calendar days away from work in Column 5o. (See definition of “day away from work” and the section on counting days away from work and days of restriction.) If the employee is out for an extended period of time, you must enter a best faith estimate of the day(s) that the employee will be away, and update the day count when the actual number of days is known.

#### Q22. Do I count the day on which the injury occurred or the illness began?

A22. No. You begin counting days away from work on the day after the injury occurred or the illness began.

#### Q23. How do I report an injury or illness when a PLHCP recommends that the worker stay at home, but the employee comes to work anyway?

A23. You must report these injuries and illnesses on Form FRA F 6180.55a. If a PLHCP recommends days away, you should encourage your employee to follow that recommendation. However, a minimum of 1 day away from work must be reported when the injured or ill employee does not follow the PLHCP’s recommendation and returns to work. If you receive recommendations from two or more PLHCPs, you may make a decision as to which recommendation is the most authoritative, and report the case based upon that recommendation.

#### Q24. How do I handle a case when a PLHCP recommends that the worker return to work, but the employee stays at home for a day anyway?

A24. A decision by an employee concerning the care or treatment of his or her own condition is not to be considered when deciding to report. If an employee has an injury that meets none of the standard criteria for reporting, then an employee’s action, e.g., taking OTC medication at prescription strength without proper authorization, would not make the injury reportable even if he or she informed his or her employer that this level of dosage was used.

In the situation described, a report would not be made unless the day absent from work was approved by the employer as necessary for recovery from an otherwise reportable injury, e.g., prescription medication was recommended by a PLHCP. If the employee contacted the appropriate official in the company and this official authorized the time off because of the injury, then a day away from work is to be counted. Authorization may also come from a PLHCP, e.g., he sees his own physician the day after the injury and the employer is aware that the doctor recommends that the employee take time off to recover.

#### Q25. An employee who sustained a work-related bruise on his knee was told by a physician not to return to work until undergoing a magnetic resonance imaging (MRI). The employee remained off work for some days before the procedure could be performed. The MRI showed that no FRA-reportable injury occurred. Since no injury occurred, should this case be reported to FRA?

A25. Results of an MRI do not negate the reportability of a physician’s recommendation. The case is FRA-reportable based on the physician’s recommendation that the employee not return to work before undergoing an MRI for his bruised knee. Railroads are instructed on how to record days-away cases when a physician or PLHCP recommends that the injured or ill worker stay at home or return to work but the employee chooses not to do so. FRA requires employers to follow the physician’s or PLHCP’s recommendation when reporting a case. For purposes of FRA recordkeeping, the case met the criteria for reporting because the employee had sustained a work-related injury—a bruised knee— involving 1 or more days away from work. The subsequent MRI results do not change these facts. Accordingly, the negative results from the MRI results do not change the fact that the employee was instructed not to return to work.

#### Q26. If an employee who sustains a work-related injury requiring days away from work is terminated for drug use based on the results of a post-accident drug test, how is the case reported? May the employer stop the day count upon termination of the employee for drug use?

**For another injury, it was later established during a hearing that the injury was the result of a rules violation on the part of the employee. The employee**

**was terminated because of the rules violation. When do we discontinue the counting of days away from work?**

A26. The purpose of counting days away from work is to provide an additional measure of the severity of an injury. The employer may stop counting days away from work if an employee who is away from work because of an injury or illness leaves the company for some reason unrelated to the injury or illness, such as retirement or scheduled seasonal layoff. However, when the employer conducts a drug test based on the occurrence of an accident resulting in an injury at work and subsequently terminates the injured employee, the termination is related to the injury. The same is true for discipline involving suspension of duty for a rule violation that is imposed following an injury.

Therefore, you must estimate the number of days in cases such as these where the employee would have otherwise been away from work due to the injury, and enter that number on Form FRA F 6180.55a.

#### Q27. Once I have reported a case involving days away from work, restricted work, or medical treatment and the employee has returned to his or her regular work or has received the course of recommended medical treatment, is it permissible for the me to delete the case based on a company physician’s recommendation that the days away from work, work restriction or medical treatment were not necessary?

A27. The initial decision about the need for days away from work, a work restriction, or medical treatment is based on the information available, including any recommendation by a physician or other licensed health care professional at the time the employee is examined or treated. At this time, if you receive contemporaneous recommendations from two or more physicians or other licensed health care professionals about the need for days away, a work restriction, or medical treatment, the employer may decide which recommendation is the most authoritative and report the case based on that recommendation. However, once the days away from work or work restriction has occurred or medical treatment has been given, the employer may not delete the case because of a later physician’s conclusion that the days away, restriction or treatment was unnecessary.

#### Q28. How long must a modification to a job last before it can be considered a permanent modification?

A28. You may stop counting days of restricted work or transfer to another job if the restriction or transfer is made permanent. A permanent restriction or transfer is one that is expected to last for the remainder of the employee’s career. Where the

restriction or transfer is determined to be permanent at the time it is ordered, you must count at least 1 day of the restriction and enter “Y” for termination or permanent transfer on Form FRA F 6180.55a in Block 5r. If the employee whose work is restricted, or who is transferred to another job, is expected to return to his or her former job duties at a later date, the restriction or transfer is considered temporary rather than permanent.

#### Q29. If an employee loses his arm in a work-related accident and can never return to his job, how is the case reported? Is the day count capped at 180 days?

A29. If an employee never returns to work following a work-related injury, the employer must enter an estimate of the number of days the employee would have required to recuperate from the injury, up to 180 days.

#### Q30. How do I count weekends, holidays, or other days the employee would not have worked anyway?

A30. You must count the number of calendar days the employee was unable to work as a result of the injury or illness, regardless of whether the employee was scheduled to work on those day(s). Weekend days, holidays, vacation days or other days off are included in the total number of days reported if the employee would not have been able to work on those days because of a work-related injury or illness.

#### Q31. How do I report a case in which a worker is injured or becomes ill on a Friday and reports to work on a Monday, and was not scheduled to work on the weekend?

A31. You need to report this case only if you receive information from a PLHCP indicating that the employee should not have worked, or should have performed only restricted work, during the weekend. If so, you must report the injury or illness as a case with days away from work or restricted work, and enter the day counts, as appropriate.

#### Q32. How do I report a case in which a worker is injured or becomes ill on the day before scheduled time off such as a holiday, a planned vacation, or a temporary plant closing?

A32. You need to report a case of this type only if you receive information from a PLHCP indicating that the employee should not have worked, or should have performed only restricted work, during the scheduled time off. If so, you must report the injury or illness as a case with days away from work or restricted work, and enter the day counts, as appropriate.

#### Q33. Is there a limit to the number of days away from work I must count?

A33. Yes. You may “cap” the total days away at 180 calendar days. You are not required to keep track of the number of calendar days away from work if the injury or illness resulted in more than 180 calendar days away from work and/or days of job transfer or restriction. In such a case, entering 180 in the total days away column will be considered adequate.

#### Q34. May I stop counting days if an employee who is away from work because of an injury or illness retires or leaves my company?

A34. Yes. If the employee leaves your company for some reason unrelated to the injury or illness, such as retirement, a plant closing, or to take another job, you may stop counting days away from work or days of restriction/job transfer. If the employee leaves your company because of the injury or illness, you must estimate the total number of days away or days of restriction or job transfer and enter the day count on Form FRA F 6180.55a.

#### Q35. If a case occurs during 1 year but results in days away during the next calendar year, do I report the case in both years?

A35. No. You only report the injury or illness once. You must enter the number of calendar days away for the injury or illness on Form FRA F 6180.55a for the year in which the injury or illness occurred. If the employee is still away from work because of the injury or illness at the time you are doing your initial closing out of the calendar year (by April 15), you must provide a best faith estimate of the total number of calendar days you expect the employee to be away from work, and file a corrected copy of Form FRA F 6180.55a if the 180-day cap has not been reached.

#### 6.9 Restricted Work

An employee’s work is considered restricted when, as a result of a work-related injury or illness,

1) a PLHCP recommends that the employee not perform one or more of the routine functions of his or her job (job functions that the employee regularly performs at least once per week), or not work the full workday that he or she would otherwise have been scheduled to work; or 2) the employer keeps the employee from performing one or more of the routine functions of his or her job, or from working the full workday that he or she would otherwise have been scheduled to work.

##### *Questions and Answers on Restricted Work*

**Q36. How do I report a work-related injury or illness that results in restricted work or job transfer?**

A36. When an injury or illness involves restriction of routine work functions as a described in (1) of the first paragraph of this section, the case is reportable as one resulting in restriction, and a count of restricted days must be maintained. If the injury or illness was not reportable under (1), but met any other reporting criteria, i.e., medical treatment; then, any restricted days that result as described in (2) must be recorded, unless the count of these days is subject to other limitations, e.g., see Q42 and A42 in this section. You must report the number of qualifying restricted or transferred days in the restricted workdays, Column 5p.

#### Q37. How do I decide if the injury or illness resulted in restricted work?

A37. Restricted work occurs when, as the result of a work-related injury or illness:

* + - 1. You keep the employee from performing one or more of the routine functions of his or her job, or from working the full workday that he or she would otherwise have been scheduled to work; or
      2. A PLHCP recommends that the employee not perform one or more of the routine functions of his or her job, or not work the full workday that he or she would otherwise have been scheduled to work.

An employee’s routine functions are those work activities the employee regularly performs at least once per week.

#### Q38. An employee hurts his or her left arm and is told by the doctor not to use the left arm for a week. The employee is able to perform all of his or her routine job functions using only the right arm (though at a slower pace and the employee is never required to use both arms to perform his or her job functions). Would this be considered restricted work?

A38. No. If the employee is able to perform all of his or her routine job functions (activities the employee regularly performs at least once per week), the case does not involve restricted work. Loss of productivity is not considered restricted work for FRA’s reporting purposes.

#### Q39. Do I have to report restricted work or job transfer if it applies only to the day on which the injury occurred or the illness began?

A39. No. You do not have to report restricted work or job transfers if you, or the PLHCP, imposes the restriction or transfer only for the day on which the injury occurred or the illness began.

#### Q40. If the railroad or a PLHCP recommends a work restriction, is the injury or illness automatically reportable as a “restricted work” case?

A40. No. A recommended work restriction is reportable only if it affects one or more of the employee’s routine job functions. To determine whether this is the case, the employer must evaluate the restriction in light of the routine functions of the injured or ill employee’s job. If the restriction from you or the PLHCP keeps the employee from performing one or more of his or her routine job functions, or from working the full workday that the injured or ill employee would otherwise have worked, the employee’s work has been restricted and the employer must report the case. For example, if the PLHCP restricts the employee from lifting heavy objects, but the employee’s job never requires the lifting of heavy objects, then there has been no restriction imposed that involves the employee’s routine job functions. (An employee’s routine functions are those work activities the employee regularly performs at least once per week.)

#### Q41. What do I do if a PLHCP recommends a job restriction meeting FRA’s definition, i.e., limits routine job functions, but the employee does all of his or her routine job functions anyway?

A41. You must report the injury or illness on Form FRA F 6180.55a as a restricted work case. If a PLHCP recommends a job restriction, you should ensure that the employee complies with that restriction. (This language is purely advisory and does not impose an enforceable duty upon employers to ensure that employees comply with the recommended restriction.) If you receive recommendations from two or more PLHCPs, you may make a decision as to which recommendation is the most authoritative, and report the case based upon that recommendation. In the absence of conflicting opinions from two or more health care professionals, the employer ordinarily must record the case if a health care professional recommends a work restriction involving the employee’s routine job functions.

See Section 6.4, of this Guide, on Covered Data.

#### Q42. One of our employees experienced minor musculoskeletal discomfort. The health care professional who examined the employee only provided first aid treatment. In addition, it was determined that the employee is fully able to perform all of her routine job functions. When the employee returned to work, we decided to limit the duties of the employee for the purpose of preventing a more serious condition from developing. Is this a restricted work case?

A42. No. Since the minor musculoskeletal discomfort has not met any of the general criteria, e.g., medical treatment; the employer’s decision to impose a work restriction following such minor musculoskeletal discomfort would not make this a restricted work case.

#### Q43. Will the determination of whether or not a case involves restriction always be made by the medical professional who examines an employee?

A43. No. Day(s) of restriction also occur if the employer restricts one or more of the employee’s routine job functions in connection with an otherwise reportable case. For example, an employee sustains an injury and is given a prescription to take for a few days. The doctor tells the employee that he can return to work. The employee’s routine job duties involve operating equipment. The employer does not allow the employee to operate the machinery he normally would because of concerns about the effects of the medication, and instead has the employee perform an inventory. This would be a restricted work case.

#### Q44. Do I have to report a day of restriction if an employee fails to follow a PLHCP’s recommended work restriction?

A44. You should ensure that the employee complies with the recommended restriction. In the absence of conflicting opinions from two or more health care professionals, the employer must report 1 day of restriction if a professional recommends a work restriction involving the employee’s routine job functions, and if a day away from work has not already occurred. See Section 6.4, of this Guide, on Covered Data.

#### Q45. How do I report a case where the worker works only for a partial work shift because of a work-related injury or illness?

A45. A partial day of work is reported as a day of job transfer or restriction for recordkeeping purposes, except for the day on which the injury occurred or the illness began.

#### Q46. If the injured or ill worker produces fewer goods or services than he or she would have produced prior to the injury or illness, but otherwise performs all of the routine functions of his or her work, is the case considered a restricted work case?

A46. No. The case is considered restricted work only if the worker does not perform all of the routine functions of his or her job or does not work the full shift that he or she would otherwise have worked.

#### Q47. How do I handle vague restrictions from a PLHCP, such as that the employee engage only in “light duty” or “take it easy for a week?”

A47. If you are not clear about the PLHCP’s recommendation, you may ask that person whether the employee can do all of his or her routine job functions and work all of his or her normally assigned work shift. If the answer to both of these questions is “Yes,” then the case does not involve a work restriction and does not have to be reported as such. If the answer to one or both of these questions is “No,” the case involves restricted work and must be reported as a restricted work case. If you are unable to obtain this additional information from the PLHCP who recommended the restriction, report the injury or illness as a case involving restricted work.

#### Q48. If an employee who routinely works 10 hours a day is restricted from working more than 8 hours following a work-related injury, is the case reportable?

A48. Generally, the employer must report any case in which an employee’s work is restricted because of a work-related injury. A work restriction occurs when the employer keeps the employee from performing one or more routine functions of the job, or from working the full workday the employee would otherwise have been scheduled to work. The case in question is reportable if the employee presumably would have worked 10 hours had he or she not been injured.

#### Q49. An employee was injured at work and work-relatedness is established for reporting purposes. The employee was not able to drive himself to work. The employee may have had a cast or splint on, arm in a sling, using crutches, or leg immobilized, etc. The railroad had work the employee could have done, if the employee could have gotten to work. The employee stated he was not able to drive. Prior to the injury, the employee drove himself to work every day. He was not in a car pool and didn’t catch a ride with co- workers, etc. Would this case be a days-away-from-work case or a restricted work activity case? If the railroad provided transportation (even though not required by the regulation to do so), could the company count the days as restricted or must they still count the days as days away from work? Would the answer be the same if the employee’s doctor wrote a restriction of “no driving” but the company says “the employee can get a ride with someone else; we have work available”?

**What if an employee is injured and is placed under a work restriction by a physician; however, the railroad does not have any available restricted work for a period of time?**

A49. If the employee does not make it to work, the case must be reported as a case involving days away from work. If the employee is driven to work by the railroad, or anyone else, and the employee performs restricted work, the case must be reported as a case involving restricted work activity. If a PLHCP places the employee under a work restriction, but the employer has no available restricted work, then this would be reported as a case involving days away from work.

#### Q50. How do I decide if an injury or illness involved a transfer to another job?

A50. If you assign an injured or ill employee to a job other than his or her regular job for part of the day, the case involves transfer to another job.

Note: This does not include the day on which the injury or illness occurred.

#### Q51. Are transfers to another job reported in the same way as restricted work cases?

A51. Yes. Both job transfers and restricted work cases are reported on Form FRA F 6180.55a. For example, if you assign, or a PLHCP recommends that you

assign, an injured or ill worker to his or her routine job duties for part of the day and to another job for the rest of the day, the injury or illness involves a job transfer. You must report an injury or illness that involves a job transfer by placing a “Y” (for yes) in the box for job transfer, 5r.

#### Q52. How do I count days of job transfer or restriction?

A52. You count days of job transfer or restriction in the same way you count days away from work. The only difference is that if you permanently assign the injured or ill employee to a job that has been modified or permanently changed in a manner that eliminates the routine functions the employee was restricted from performing, you may stop the day count when the modification or change is made permanent. You must count at least 1 day of restricted work or job transfer for such cases.

##### *Counting Days Away from Work and Days of Restriction*

FRA needs a count of the days an employee is away from work and/or restricted while at work because of an injury or occupational illness for classification of the severity of the injury/illness and for other purposes.

Day away from work is defined at § 225.5.

Day of restricted work activity is defined at § 225.5.

Frequently, an employee’s condition is such that it will result in lost or restricted days extending beyond the 30-day filing deadline. If this occurs, you must make a good faith estimate of the additional number of days that may accrue for the case and record this on the initial Form FRA F 6180.55a. A record of the actual count of these days must be maintained for the affected employee. After the employee returns to work at full capacity, or the actual days exceeds the original estimate, a corrected report must be submitted that shows the actual count of days if these are significantly different from the original estimate. A significant difference in this context is a variance of 10 percent or more between the number of days that has been reported and the count that you maintain in your records.

When reporting the count of days, the following guidelines are to be followed:

1. The day of the accident/incident is not to be included in either count.
2. If it is necessary, during a workday, for an employee to have a followup

examination or receive additional medical care, etc., the time spent going to and coming from such an appointment is not considered restricted time. If the employee was not already on restricted duty prior to going to or upon returning from such visits a day of restriction need not be charged. If the employee does not report to work at all on such days, a day away from work has occurred.

1. If an employee takes off to see a physician for an initial evaluation after the day of an injury/illness, and provided that none of the reportability criteria is met, a day away from work is not to be charged, since there has not been a reportable condition.
2. Damage to an employee’s personal effects, such as eye glasses, hearing aids, or dentures, is not by itself reportable. If a reportable injury did not also occur, the work days lost while awaiting repair or replacement of these articles are not to be charged.

#### Exceptions to Medical Treatment (First Aid)

“Medical treatment” is the management and care of a patient to combat disease or a disorder. For the purposes of Part 225, medical treatment does not include:

* + 1. Visits to a PLHCP solely for observation or counseling;
    2. The conduction of diagnostic procedures, such as x-rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes (e.g., eye drops to dilate pupils); or
    3. “First aid treatment.” The following is a comprehensive list of first aid treatment.” If the treatment given is not on this list, it is considered to be “medical treatment.” For the purposes of Part 225, “First aid” means the following:

1. Using a nonprescription medication at nonprescription strength. **(For medications available in both prescription and non-prescription form, a recommendation by a PLHCP to use a non-prescription medication at prescription strength is considered medical treatment for recordkeeping and reporting purposes.)**
2. Administering tetanus immunizations. **(Other immunizations, such as Hepatitis B vaccine or rabies vaccine, are considered medical treatment.)**
3. Cleaning, flushing, or soaking wounds on the surface of the skin.
4. Using wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™. **(Other wound-closing devices, such as sutures, staples, or surgical glues, are considered medical treatment.)**
5. Using hot or cold therapy, e.g., heating pads or ice packs.
6. Using any non-rigid means of support such as elastic bandages, wraps, non-rigid back belts, etc. **(Devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for recordkeeping and reporting purposes.)**
7. Using temporary immobilization devices while transporting an accident victim **(e.g., splints, slings, neck collars, back boards, etc.)**.
8. Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister.
9. Using eye patches.
10. Removing foreign bodies from the eye using only irrigation or a cotton swab.
11. Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs, or other simple means.
12. Using finger guards.

#### Using massages. (Any other physical therapy, other than that identified as first aid, provided by a PLHCP or administered under the supervision of a PLHCP, and chiropractic treatment are considered medical treatment for recordkeeping and reporting purposes. Examples include acupuncture and electronic stimulation.)

1. Drinking non-prescription fluids for relief of heat-related conditions.

#### Pre-hospital protocol. (During transport, the injured person may be restrained with a body board or neck brace, they may receive oxygen, or they may have an IV needle inserted. These pre-hospital protocol procedures are generally considered to be first aid as long as they are performed without symptoms being exhibited that would specifically require such treatment. See “Q&A” 65 and 66, below, for additional guidance.)

Note: A case involving first-aid treatment must be further evaluated to determine if any of the other reporting criteria are met. For example, for some employees, the application of an

eye patch may restrict the employees’ ability to perform their routine job functions. The case then becomes reportable on the basis of restriction of work or transfer to another job.

##### *Questions and Answers on First Aid*

**Q53. Is a physical therapist considered a “health care professional” under the definition of health care professional?**

A53. Yes. A physical therapist’s license allows him or her to independently perform, or be delegated the responsibility to perform, physical therapy.

#### Q54. Are any other procedures included in first aid?

A54. No. This Guide has provided a complete list of all treatments considered to be first aid for Part 225 purposes.

#### Q55. An extra gang laborer was clearing an overgrown area of soil, gravel, and weeds. In doing so, he disrupted a yellow jacket nest, receiving multiple stings to the hand, arm, ear, neck, and back areas. The employee was immediately driven to a local clinic and seen by a physician. The employee received injections of Benadryl™ and Kenalog and was advised to apply ice packs, drink fluids, and rest.

**In two separate communications, a second physician, while admitting that the treating physicians’ use of Benadryl™ and Kenalog injections was “within the standard of care” for the injury suffered, went on to state that “many providers would have instead offered oral diphenhydramine (Benadryl™) and topical triamcinalone (Kenalog).” In other words, the second physician stated that the injury could have been treated by administering first aid, and, therefore could have resulted in a non- reportable injury.**

**Since the second physician said the employee could have been effectively treated by first aid treatment, do we need to report?**

**In addition, some of our employees carry a bee-sting kit and do their own injections. When this occurs, do we need to report?**

A55. A work-related injury or illness must be recorded on the Railroad Employee Injury and/or Illness Record, Form FRA F 6180.98, and reported on Form FRA F 6180.55a, if it results in death, days away from work, restricted work or transfer to another job, medical treatment beyond first aid, loss of consciousness, or diagnosis of a serious injury or illness. Medical treatment is generally recognized

to be “the management and care of a patient to combat disease or disorder.” First aid (see section, of this FRA Guide, on First Aid and Medical Treatment) does not fall within the definition of medical treatment. However, all prescription medications, even those given as a single dose, are medical treatment.

In certain circumstances, FRA’s requirements permit a railroad to choose between two conflicting or differing medical recommendations. When employees receive contemporaneous recommendations (at the same time) from two or more PLHCPs about the need for medical treatment, employers may decide which recommendation is the most authoritative and report the case based on that recommendation. ***However, once medical treatment is provided for a work- related injury or illness, the case is reportable.***

In regard to the question of self-injection, the answer is “Yes,” this must be reported. If prescription medication is authorized for use by a PLHCP, it makes no difference who administers the medication.

#### Q56. Are surgical glues used to treat lacerations considered “first aid?”

A56. No. Surgical glue is a wound-closing device. All wound-closing devices, except for butterfly bandages and Steri-Strips™, are by definition “medical treatment” because they are not included on the first-aid list.

#### Q57. The PLHCP used liquid bandages on a wound; is this medical treatment or first aid?

A57. The concept that underlies the medical treatment vs. first aid distinction made between this type of treatment centers around the basic difference between wound coverings and wound closures using OTC vs. wound closures that are typically performed by a PLHCP. Using wound coverings, such as bandages (including liquid bandages), Band-Aids™, gauze pads, butterfly bandages or Steri-Strips™ are deemed to be first aid treatment. The use of sutures, staples, and special bonding glues used by a PLHCP are considered medical treatment.

#### Q58. Is the use of a rigid finger guard considered first aid?

A58. Yes. The use of finger guards is always first aid.

#### Q59. If prescription medications are prescribed as “PRN” (per required need), is it reportable if the patient does not take or use the prescribed medicine?

A59. FRA has decided to retain its longstanding policy of requiring the reporting of cases in which a healthcare professional issues a prescription, regardless of

whether that prescription is filled or actually taken by the employee. A patient’s refusal of the medication does not alter the fact that, in the healthcare professional’s judgment, the case warrants medical treatment. In addition, a rule that relied on whether a prescription is filled or taken, rather than on whether the medicine was prescribed, would create administrative difficulties for employers, because such a rule would mean that the employer would have to investigate whether a given prescription had been filled or whether the medicine had actually been used. Also, many employers and employees may consider an employer’s inquiry about the filling or taking of a prescription to be an invasion of the employee’s privacy.

#### Q60. The employee visited a PLHCP due to an on-the-job injury. The PLHCP issued a single dose medication and no prescription was written. The medication was to be taken only if needed (PRN). The employee chose not to take the medication. Is this case FRA-reportable?

A60. Prescription medications, whether given once or over a longer period of time, are not included in the list of first-aid treatments. FRA believes that the use of prescription medications is not first aid, because prescription medications are powerful substances that can only be prescribed by a PLHCP. The availability of these substances is carefully controlled and limited, because they must be prescribed and administered by a highly trained and knowledgeable professional.

Medications classified as first aid are only when employees use a nonprescription medication at nonprescription strength. (For medications available in both prescription and non-prescription form, a recommendation by a PLHCP to use a non-prescription medication at prescription strength is considered medical treatment for recordkeeping purposes).

FRA maintains its longstanding policy of requiring the reporting of cases in which a healthcare professional issues a prescription or dispenses a single dose, whether that prescription is filled or not. Medical treatment includes treatment that is used as well as those that should have been used. The patient’s acceptance or refusal of the treatment does not alter the fact that, in the healthcare professional’s judgment, the case warranted a script for the issuance of prescription medicine.

For these reasons, the new recordkeeping rule continues FRA’s longstanding policy of considering the recommendation of prescription medication as medical treatment, regardless of the reason it is prescribed.

#### Q61. For medications such as Ibuprofen that are available in both prescription and non-prescription form, what is considered to be prescription strength? How is an employer to determine whether a non-prescription medication has been recommended at prescription strength?

A61. The prescription strength of such medications is determined by the measured quantity of the therapeutic agent to be taken at one time, i.e., a single dose. The single dosages that are considered prescription strength for four common OTC drugs are:

* + - * Ibuprofen (such as Advil™) - Greater than 467 mg
      * Diphenhydramine (such as Benadryl™) - Greater than 50 mg
      * Naproxen Sodium (such as Aleve™) - Greater than 220 mg
      * Ketoprofen (such as Orudus KT™) - Greater than 25 mg

To determine the prescription-strength dosages for other drugs that are available in prescription and non-prescription formulations, the employer should contact the

* 1. Food and Drug Administration, a local pharmacist, or a physician.

#### Q62. “Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs, or other simple means...” What are “other simple means” of removing splinters that are considered first aid?

A62. “Other simple means” of removing splinters, for purposes of the definition of “first aid,” means methods that are reasonably comparable to the listed methods. Using needles, pins, or small tools, e.g., nail clippers or manicure scissors, to extract splinters would generally be included.

#### Q63. Does the professional status of the person providing the treatment have any effect on what is considered first aid or medical treatment?

A63. No. FRA considers the treatments listed above to be first aid regardless of the professional status of the person providing the treatment. Even when these treatments are provided by a PLHCP, they are considered first aid for the purposes of Part 225. Similarly, FRA considers treatment beyond first aid to be medical treatment even when it is provided by someone other than a PLHCP.

#### Q64. If an employee is exposed to chlorine or some other substance at work and oxygen is administered as a precautionary measure, is the case reportable?

A64. It is often a standard procedure of emergency rescue teams to administer preventive treatment, such as oxygen, or apply an intravenous (IV) saline solution while a patient is being transported to a medical facility for further evaluation.

Such preventive treatment does not make the incident reportable. If oxygen is administered as a purely precautionary measure to an employee who does not exhibit any signs or symptoms of an injury or illness, the case is not reportable. If

the employee exposed to a substance exhibits symptoms of an injury or illness, the administration of oxygen makes the case reportable.

#### Q65. During transport to the hospital, the Emergency Medical Team may perform some precautionary procedures that could be considered beyond first aid. Is this reportable?

A65. Emergency transport is considered first aid. During transport, the injured person may be restrained with a body board, neck brace, receive oxygen, or have an IV needle inserted. These pre-hospital protocol procedures are generally considered to be first aid as long as they are performed without signs or symptoms being exhibited that would specifically require such treatment. As in the previous question, if the person is not being treated for dehydration or some other condition that requires a saline IV, then simply receiving a saline IV as a precautionary measure is considered to be first aid.

The use of casts, splints, or orthopedic devices designed to immobilize an injured body part to permit it to rest and recover is considered medical treatment. The use of temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards) is precautionary in nature, and their use is to avoid exacerbation of a condition that may or may not exist. In these specific situations, a splint or other device is used as temporary first-aid treatment, may be applied by non-licensed personnel using common materials at hand, and often does not reflect the severity of the injury. If following an examination it is determined that continued use of the immobilization device is warranted, then the case is reportable.

#### Q66. Item (n) on the first aid list is “drinking non-prescription fluids for relief of heat-related conditions.” Does this include administering IV fluids?

A66. No. IV administration of fluids to treat work-related heat-related conditions is medical treatment.

#### Q67. What makes a heatstroke or heat exhaustion reportable? How is it reported?

A67. Heatstroke is similar to heat cramps and heat exhaustion, but can have much more severe consequences. It is one of the heat-related problems that often result from heavy work in hot environments, usually accompanied by inadequate fluid intake. Older adults, people who are obese, and people born with an impaired ability to sweat are at high risk of heatstroke. Other risk factors include dehydration, alcohol use, cardiovascular disease, and the use of certain medications.

What makes heatstroke much more severe and potentially life-threatening is that the body’s normal mechanisms for dealing with heat stress, such as sweating and temperature control, are lost. The main sign of heatstroke is a markedly elevated body temperature—generally greater than 104° F—with changes in mental status ranging from personality changes to confusion and coma. Skin may be hot and dry, although in heatstroke caused by exertion, the skin is usually moist.

Different people may have different signs or symptoms of heatstroke and other heat-related disorders, e.g., heat exhaustion due to dehydration. But common signs or symptoms include:

* + - Rapid heartbeat
    - Absence of sweating
    - Hot red or flushed dry skin
    - Rapid and shallow breathing
    - High body temperature
    - Rapid pulse
    - Elevated or lowered blood pressure
    - Headache
    - Irritability
    - Confusion
    - Unconsciousness

In cases of mild dehydration, simple rehydration is recommended by drinking fluids. Many sports drinks on the market effectively restore body fluids, electrolytes, and salt balance. Drinking non-prescription fluids for relief of heat- related conditions is first-aid treatment.

For moderate to severe dehydration, IV fluids may be required. Cases of serious dehydration should be treated as medical emergencies, and hospitalization, along with IV fluids, is necessary. Immediate action should be taken. IV administration of fluids to treat heat-related conditions is medical treatment and reportable.

As in any evaluation of a workplace injury or illness, a determination must be made as to work-relatedness. If the injury or illness is work-related, then to be reportable it must meet the one of the requirements set forth in § 225.19.

Heatstroke/sunstroke is reported in Block 5i of Form FRA F 6180-55a as Code 1141, and heat exhaustion as Code 1144; see Injury and Illness Codes in Appendix E to this Guide.

#### Q68. What if a PLHCP recommends medical treatment but the employee does not follow the recommendation?

A68. If a PLHCP recommends medical treatment, you should encourage the injured or ill employee to follow that recommendation. However, you must report the case even if the injured or ill employee does not follow the PLHCP’s recommendation; the fact that there was a recommendation triggers the duty to report.

#### Q69. Is every work-related injury or illness case involving a loss of consciousness reportable?

A69. Yes. You must report a work-related injury or illness if the worker becomes unconscious, regardless of the length of time the employee remained unconscious.

#### Q70. What is a “significant” diagnosed injury or illness that is reportable under the general criteria even if it does not result in death, days away from work, restricted work or job transfer, medical treatment beyond first aid, or loss of consciousness?

A70. Work-related cases involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum must always be reported under the general criteria at the time of diagnosis by a PLHCP.

#### Q71. We had a case of an employee on-duty who fell approximately 4 feet from a platform and landed on his back on a concrete area. He was immediately taken to the emergency room, and the doctor prescribed a prescription medication for pain, making a notation on the medical documentation.

**Before writing out the actual prescription, the employee refused the prescription medication. The doctor marked out the prescription medication on the medical documentation with the notation “employee refused.” The doctor then prescribed an OTC medication for the employee. Would medical treatment, and thus reportability, be involved in this case?**

A71. In conformity with OSHA, FRA believes that the use of prescription medications is not first aid because prescription medications are powerful substances that can only be prescribed by a PLHCP. The availability of these substances is carefully controlled and limited because they must be prescribed and administered by a highly trained and knowledgeable professional. OSHA and FRA maintain their longstanding policy of requiring the recording and reporting of cases in which a healthcare professional issues a prescription, whether that prescription is filled or not. Medical treatment includes treatment that is used as well as those that should have been used. The patient’s acceptance or refusal of the treatment does not alter the fact that, in the healthcare professional’s judgment, the case warranted a

script for the issuance of prescription medicine. For these reasons, FRA continues to be in conformity with OSHA’s longstanding policy of considering the use of prescription medication as medical treatment, regardless of the reason it is prescribed.

#### Reporting Requirements for Significant Injury or Illness to Railroad Employees

A significant injury to or significant illness of a railroad employee diagnosed by a physician or other licensed healthcare professional must be reported even if the injury or illness does not result in death, a day away from work, restricted work activity or job transfer, medical treatment, or loss of consciousness. See § 225.19(d)(2)(ii) and (d)(5).

FRA believes that most significant injuries and illnesses will result in one or more of the following:

For any person:

* + 1. Death.
    2. Medical treatment beyond first aid.
    3. Loss of consciousness.

For railroad employees:

1. Days away from work.
2. Restricted work or transfer to another job.

However, there are some significant injuries, such as a punctured eardrum or a fractured toe or rib, for which neither medical treatment nor work restrictions may be recommended. In addition, there are some significant progressive diseases, such as byssinosis, silicosis, and some types of cancer, for which medical treatment or work restrictions may not be recommended at the time of diagnosis but are likely to be recommended as the disease progresses. FRA believes that cancer, chronic irreversible diseases, fractured or cracked bones, and punctured eardrums are generally considered significant injuries and illnesses, and must be reported at the initial diagnosis even if medical treatment or work restrictions are not recommended, or are postponed, in a particular case. See § 225.5 for definitions of “Significant Illness” and “Significant Injury.”

#### Reporting Requirements for Specific Case Criteria

An illness or injury that meets the application of any of the following specific case criteria is reportable:

1. A needlestick or sharps injury to a railroad employee;
2. Medical removal of a railroad employee;
3. Occupational hearing loss of a railroad employee;
4. Occupational tuberculosis of a railroad employee; or
5. A musculoskeletal disorder of a railroad employee if this disorder is independently reportable under one or more of the general reporting criteria.

See § 225.19(d)(1)–(6).

##### *Reporting Criteria for Needlestick and Sharps Injuries*

You must report all work-related needlestick injuries and cuts from sharp objects that are contaminated with another person’s blood or other potentially infectious material (as defined by 29 CFR 1910.1030). “Sharps” are any contaminated objects that can penetrate the skin, including, but not limited to: needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires. You must report the case on Form FRA F 6180.55a as an injury.

##### *Questions and Answers on Needlesticks and Sharps*

**Q72. What does “other potentially infectious material” mean?**

A72. Other potentially infectious material (OPIM): For purposes of employee injury illness reporting, this term has the same meaning as in OSHA’s bloodborne pathogens standard at 29 CFR § 1910.1030, as amended, which on the date of issuance of this Reporting Guide defines OPIM as:

* + - 1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
      2. Any unfixed tissue or organ (other than intact skin) from a human (whether living or dead); and
      3. Human immunodeficiency virus (HIV)-containing cell or tissue cultures, organ cultures, and HIV- or hepatitis B virus (HBV)-containing culture medium or other solutions; and blood, organ, or other tissues from experimental animals infected with HIV or HBV.

#### Q73. Does this mean that I must report all cuts, lacerations, punctures, and scratches?

A73. No. You need to report cuts, lacerations, punctures, and scratches only if they are work-related and involve contamination with another person’s blood or other potentially infectious material. If the cut, laceration, or scratch involves a clean object, or a contaminant other than blood or other potentially infectious material,

you need to report the case only if it meets one or more of the general reporting criteria.

#### Q74. If I report an injury and the employee is later diagnosed with an infectious bloodborne disease, do I need to update Form FRA F 6180.55a report?

A74. Yes. You must update the classification of the case on a corrected Form FRA

F 6180.55a if the case results in death, days away from work, restricted work, or job transfer. You must also update the description to identify the infectious disease and change the classification of the case from an injury to an illness.

#### Q75. What if one of my employees is splashed or exposed to blood or other potentially infectious material without being cut or scratched? Do I need to report this incident?

A75. You need to report such an incident on Form FRA F 6180.55a as an illness if:

1. It results in the diagnosis of a bloodborne illness, such as HIV, hepatitis B, or hepatitis C; or
2. It meets one or more of the general reporting criteria.

##### *Reporting Criteria for Cases Involving Medical Removal*

If an employee is medically removed under the medical surveillance requirements of an OSHA standard, you must report the case.

You must report each medical removal case as either a case involving days away from work or a case involving restricted work activity, depending on how you decide to comply with the medical removal requirement. If the medical removal is the result of a chemical exposure, you must report the case as one involving “poisoning.”

##### *Questions and Answers on Medical Removal*

**Q76. Do all of OSHA’s standards have medical removal provisions?**

A76. No. Some OSHA standards, such as the standards covering bloodborne pathogens and noise, do not have medical removal provisions. Many OSHA standards that cover specific chemical substances have medical removal provisions. These standards include, but are not limited to, lead, cadmium, methylene chloride, formaldehyde, and benzene.

#### Q77. Do I have to report a case where I voluntarily removed the employee from exposure before the medical removal criteria in an OSHA standard are met?

A77. No. If the case involves voluntary medical removal before the medical removal levels required by an OSHA standard are reached, you do not need to report the case.

##### *Reporting Criteria for Cases Involving Occupational Hearing Loss*

Basic requirement. If an employee’s hearing test (audiogram) reveals that the employee has experienced a work-related standard threshold shift (STS) in hearing in one or both ears, and the employee’s total hearing level is 25 dB or more above audiometric zero (averaged at 2,000; 3,000; and 4,000 Hz) in the same ear(s) as the STS, the case must be reported on Form FRA F 6180.55a.

##### *Questions and Answers on Occupational Hearing Loss*

**Q78. How do I determine whether an STS has occurred?**

A78. An STS is defined in the occupational noise exposure standard at 29 CFR

§ 1910.95(g)(10)(i), as a change in hearing threshold, relative to the baseline audiogram for that employee, of an average of 10 dB or more at 2,000; 3,000; and 4,000 Hz in one or both ears.

**STS.** If the employee has never previously experienced a reportable hearing loss, you must compare the employee’s current audiogram with that employee’s baseline audiogram. If the employee has previously experienced a reportable hearing loss, you must compare the employee’s current audiogram with the employee’s revised baseline audiogram (the audiogram reflecting the employee’s previous reportable hearing loss case).

**25-dB loss.** Audiometric test results reflect the employee’s overall hearing ability in comparison to audiometric zero. Therefore, using the employee’s current audiogram, you must use the average hearing level at 2,000; 3,000; and 4,000 Hz to determine whether the employee’s total hearing level is 25 dB or more.

#### Q79. May I adjust the audiogram results to reflect the effects of aging on hearing?

A79. Yes. When you are determining whether an STS has occurred, you may age- adjust the employee’s current audiogram results by using Tables F-1 or F-2, as appropriate, in Appendix F of 29 CFR 1910.95. You may not use an age adjustment when determining whether the employee’s total hearing level is 25 dB or more above audiometric zero.

#### Q80. Do I have to report the hearing loss if I am going to retest the employee’s hearing?

A80. No. If you retest the employee’s hearing within 30 days of the first test, and the retest does not confirm the reportable STS, you are not required to record the hearing loss case on the log. If the retest confirms the reportable STS, you must record the hearing loss illness on your log within 7 calendar days of the retest and include it on your monthly report. If subsequent audiometric testing performed under the testing requirements of the 29 CFR § 1910.95 noise standard indicates that an STS is not persistent, you may delete the case from Form FRA F 6180.55a.

#### Q81. Are there any special rules for determining whether a hearing loss case is work-related?

A81. No. It is possible for a worker who is exposed at or above the 8-hour 85 dBA action levels of the noise standard to experience a non-work-related hearing loss, and it is also possible for a worker to experience a work-related hearing loss and not be exposed above those levels. Therefore, there are no special rules for determining work-relatedness. You should follow the overall approach to determining work-relatedness–that a case is work-related if one or more events or exposures in the work environment either caused or contributed to the hearing loss, or significantly aggravated a preexisting hearing loss.

#### Q82. If a PLHCP determines the hearing loss is not work-related, do I still need to report the case?

A82. If a PLHCP determines that the hearing loss is not work-related and has not been significantly aggravated by occupational noise exposure, you are not required to consider the case work-related or to report the case on Form FRA F 6180.55a.

##### *Reporting Criteria for Work-Related Tuberculosis Cases*

If any of your employees has been occupationally exposed to anyone with a known case of active tuberculosis (TB), and that employee subsequently develops a TB infection, as evidenced by a positive skin test or diagnosis by a PLHCP, you must report the case on Form FRA F 6180.55a.

##### *Questions and Answers on Tuberculosis*

**Q83. Do I have to report a positive TB skin test result for an employee that was obtained at a pre-employment physical?**

A83. No. You do not have to report it because the employee was not occupationally exposed to a known case of active tuberculosis in your workplace.

##### *Reporting Criteria for Cases Involving Work-Related Musculoskeletal Disorders*

If any of your employees experiences a reportable work-related musculoskeletal disorder (MSD), you must report it on Form FRA F 6180.55a.

##### *Questions and Answers on Musculoskeletal Disorders*

**Q84. What is a “musculoskeletal disorder” or MSD?**

A84. MSDs are disorders of the muscles, nerves, tendons, ligaments, joints, cartilage and spinal discs. MSDs do not include disorders caused by slips, trips, falls, motor vehicle accidents, or other similar accidents. Examples of MSDs include: carpal tunnel syndrome, rotator cuff syndrome, De Quervain’s disease, trigger finger, tarsal tunnel syndrome, sciatica, epicondylitis, tendinitis, Raynaud’s phenomenon, carpet layers knee, herniated spinal disc, and lower back pain.

#### Q85. How do I decide which MSDs to report?

A85. There are no special criteria for determining which musculoskeletal disorders to report. An MSD case is reported using the same process you would use for any other injury or illness. If a musculoskeletal disorder is work-related, is a new case, and meets one or more of the general reporting criteria, you must report the musculoskeletal disorder.

#### Q86. Are there any special rules regarding injuries and illnesses to soft tissues?

A86. No. Work-related injuries and illnesses involving muscles, nerves, tendons, ligaments, joints, cartilage and spinal discs are reportable under the same requirements applicable to any other type of injury or illness. There are no special rules for reporting these cases: if the case is work-related and involves medical treatment, days away, job transfer or restricted work, it is reportable.

#### Q87. An employee is diagnosed with a mild case of carpal tunnel syndrome. The illness is work-related, but there is no treatment prescribed other than a change in office equipment. Is this reportable?

A87. This case would not be considered reportable since none of the requirements for reportability are shown to have occurred, i.e., no day(s) away from work; no restriction of work activity or job transfer; no loss of consciousness; and no medical treatment. The railroad has the requirement to establish an accountable record on Form FRA F 6180.98 within 7 days of receiving knowledge that an accountable case has occurred, and to monitor that case for a period of 180 days

from the date of diagnosis of the illness. Should any of the requirements be met for reportability within that 180-day monitoring period, the case would become reportable.

#### Q88. If a work-related MSD case involves only subjective symptoms like pain or tingling, do I have to report it as a musculoskeletal disorder?

A88. The symptoms of an MSD are treated the same as symptoms for any other injury or illness. If an employee has pain, tingling, burning, numbness or any other subjective symptom of an MSD, and the symptoms are work-related, and the case is a new case that meets the reporting criteria, you must report the case on Form FRA F 6180.55a as a musculoskeletal disorder.

##### *Miscellaneous Questions and Answers*

**Q89. What should I do if an employee death occurs in the workplace and it is not immediately known if it is work-related?**

A89. Under § 225.9, you must make an immediate report by toll-free number

(800-424-0201 or 800-424-8802) whenever an employee dies while in the work environment. You do not need to prepare a Form FRA F 6180.55a if it is later established that the death is not work-related.

#### Q90. Does an employee report of an injury or illness establish the existence of the injury or illness for reporting purposes?

A90. No. In determining whether a case is reportable, the employer must first decide whether an injury or illness, as defined earlier, has occurred. If the employer is uncertain about whether an injury or illness has occurred, the employer may refer the employee to a PLHCP for evaluation and may consider the healthcare professional’s opinion in determining whether an injury or illness exists. [Note: If a PLHCP diagnoses a significant injury or illness within the meaning of this section, and the employer determines that the case is work-related, the case must be reported.]

#### Q91. Must a railroad report a case if an employee alleges that an injury or illness has occurred but refuses to release any medical records related to the alleged injury or illness?

A91. Medical verification is not required for reportability. However, a railroad has the responsibility to make good faith reporting determinations, and these decisions must be based upon whatever documentation is available. If a railroad questions the validity of an employee’s alleged injury or illness and there is no substantive

or medical documentation to support the allegation, the railroad need not report the case. However, if at a later date the appropriate information is received that supports the employee’s allegation of injury or illness, then a late report must be made.

#### Q92. If a maintenance employee is cleaning the parking lot or an access road and is injured as a result, is the case work-related?

A92. Yes. The case is work-related because the employee is injured as a result of conducting company business in the work environment. If the injury meets the general reporting criteria (death, days away, etc.), the case must be reported.

#### Q93. Are cases of workplace violence considered work-related under the reporting criteria?

**If an employee dies or is injured or infected as a result of terrorist attacks, should it be recorded on the FRA Form F 6180.98, and reported to FRA on FRA Form F 6180.55a?**

A93. The criteria contain no general exception, for purposes of determining work- relatedness, for cases involving acts of violence in the work environment. Injuries and illnesses that result from a terrorist event or exposure in the work environment are considered work-related for FRA recordkeeping purposes. FRA does not provide an exclusion for violence-related injury and illness cases, including injuries and illnesses resulting from terrorist attacks.

#### Q94. If an employee’s preexisting medical condition causes an incident that results in a subsequent injury, is the case work-related? For example, if an employee suffers an epileptic seizure, falls on the track, and breaks his arm, is the case reportable?

A94. Neither the seizure nor the broken arm is reportable, so long as nothing in the work environment caused or contributed to the seizure. Injuries and illnesses that result solely from non-work-related events or exposures are not reportable.

Epileptic seizures are a symptom of a disease of non-occupational origin, and the fact that they occur at work does not make them work-related. Because epileptic seizures are not work-related, injuries resulting solely from the seizures, such as the broken arm in the case in question, are not reportable.

#### Q95. Does the size or degree of a burn determine reportability?

A95. No. The size or degree of a work-related burn does not determine reportability. If a work-related first-, second-, or third-degree burn results in days absent from work, work restrictions, medical treatment, etc., the case must be reported.

#### Q96. If an employee dies during surgery made necessary by a work-related injury or illness, is the case reportable? What if the surgery occurs weeks or months after the date of the injury or illness?

A96. If an employee dies as a result of surgery or other complications following a work-related injury or illness, the case is reportable. If the underlying injury or illness was reported prior to the employee’s death, the employer must submit a corrected Form FRA F 6180.55a to change the injury classification from nonfatal to fatal.

#### Q97. Our railroad has a program that allows employees who have been involved in an accident to take a personal day(s) off if they indicate they were “shaken up,” i.e., they expressed some need to have time off to recover from being involved in an accident. These employees often do not have physical injuries, but may have experienced emotional trauma. How should we handle these cases?

A97. The situation would generally not be reportable, especially if there are no injuries to be evaluated for reportability. You are not required to seek out information on mental illnesses from your employees. Mental illness cases are only to be considered when an employee voluntarily presents you with an opinion from the healthcare professional that the employee has a mental illness and that it is work- related. You are to record only those mental illnesses verified by a healthcare professional with appropriate training and experience in the treatment of mental illness, such as a psychiatrist, psychologist, or psychiatric nurse practitioner. In the event that the employer does not believe the reported mental illness is work- related, the employer may refer the case to a PLHCP for a second opinion.

#### Q98. How long should we monitor an injury of an employee on duty? What about situations where the initial determination following an incident is that injury is not reportable, e.g., first aid only, but the employee notifies you after an extensive amount of time has elapsed that later medical treatment received is connected to the initial incident? What about illnesses for which it is uncertain when the initial exposure took place?

A98. The employer is required to monitor a reportable employee injury for at least 180 calendar days following the date of the event or exposure causing the injury.

This will ensure that the most serious final result for the case is reported, e.g., a nonfatal condition is upgraded to a fatality if the employee dies subsequent to the

filing of the initial report. The 180-day timeframe is also necessary to determine if the cap for the sum of days absent and/or restricted has been met.

It has been FRA’s experience that a reportable injury will meet one or more of the reporting criteria, e.g., medical treatment, within 180 days following the employer’s notification that a workplace incident has occurred. If an employee alleges that additional treatment was received following the conclusion of this 180-day period for a case that was not reportable, you are required to review any documentation you receive and evaluate if the later consequences are the result of a new incident. If it is determined that the later consequences are a result of new incident, then a report must be made.

Because illnesses may go undetected for extensive periods of time following a work place exposure, the 180-day tracking for these begins with the most recent diagnosis, or recognition that the condition exists.

The 180-day monitoring period does not affect the requirement to submit a late report if it is determined that a qualifying condition was not reported to FRA.

#### Q99. Does going to a hospital for observation make a work-related injury reportable?

A99. Visits to a PLHCP solely for observation or counseling, and the conduct of diagnostic procedures, such as x rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes (e.g., eye drops to dilate pupils) is first aid, and by itself not reportable.

#### Q100. Is an injury that results in a chipped or broken tooth reportable?

A100. FRA believes that fractured or cracked bones and broken teeth are generally considered significant injuries and must be reported at the initial diagnosis even if medical treatment or work restrictions are not recommended, or are postponed, in a particular case. (See section on reporting requirements for specific cases.)

#### Q101. If an employee has a minor scratch but the physician gives him a tetanus shot anyway, does this constitute medical treatment and make the case reportable?

A101. A tetanus shot is first-aid treatment and not reportable. If the employee suffered some reaction or complication from the injection, requiring medical treatment or resulting in other reporting criteria being met, then the case would be reportable. (Other immunizations, such as hepatitis B vaccine or rabies vaccine, are considered medical treatment.)

#### Q102. Our employees are frequently tested for drug or alcohol use after an accident/incident. Company policy prohibits an employee from returning to work until the results of the tests are known and it is established that there is no risk factor due to impairment. Must we make a report because of the days the employee was held out of service while awaiting test results?

A102. These cases are to be evaluated solely on the basis of the condition and its consequences. If the condition would have caused the employee to be absent from work had there been no testing, then a report must be made.

#### Q103. I was hurt on the job, and my supervisor accompanied me to the clinic. My supervisor gave the nurse a card to give to the doctor that would be examining me. Our railroad uses a card that describes various treatments or therapies that require a report be made to the FRA. The card appears to encourage or suggest that the doctor consider treatment of a nonreportable nature. I feel this may unduly influence the medical facility and could affect the treatment I would have otherwise received had the card not been presented. Since my employer pays for the medical expenses, I am concerned that employees will be taken to treatment centers where this practice exists.

**The intent seems more to reduce reportable cases, rather than ensuring that the healthcare professional provides treatment that he or she believes is appropriate for the injury. Does FRA authorize the use of such cards or other communications of this nature to healthcare providers?**

A103. No. FRA is extremely concerned that injured workers receive proper medical treatment. We do not condone the use of any form or medical card that could adversely influence treatment by encouraging the use of nonreportable treatment.

Such practices are not only discouraged by FRA, but may also in certain circumstances constitute a violation of Part 225, subject to a civil penalty against the carrier or supervisor who engages in such practices.

#### Q104. An employee was injured on the job and taken to a local hospital emergency room. The supervisor felt that the injury was not serious and was concerned that the case might be reportable. The employee requested that the supervisor stay out of the examining room. The attending physician in the emergency room prohibited the supervisor from being present.

**What is considered appropriate conduct for a supervisor to engage in when an employee is injured and the supervisor is concerned the employee has exaggerated the extent of the injury?**

A104. FRA is very concerned that, when accompanied by a supervisor, an injured employee may be discouraged or otherwise prevented from reporting an accident, incident, injury or illness. Similarly, a supervisor may influence the type or extent of medical treatment afforded the employee in an effort to affect the reportability of that injury.

As an initial matter, it would be inappropriate and a violation of Part 225 for a supervisor to request that a physician recommend that an injured employee take only OTC drugs sold at lower-than-prescription strength.

In addition, FRA published a Notice of Interpretation in the Federal Register (FR) on March 30, 2009, regarding its application and enforcement of the harassment and intimidation provisions contained in Part 225, specifically relating to situations in which a supervisor or other railroad official accompanies an injured employee into an examination room. See 74 FR 14091. FRA includes that Interpretation here, as follows:

1. General Principle

Harassment and intimidation occur in violation of § 225.33(a)(1) when a railroad supervisor accompanies an injured employee into an examination room, unless one or more of the exceptions listed below exists.

1. Exceptions

FRA recognizes that there are limited circumstances in which it is appropriate, and indeed preferable, for a supervisor to accompany an injured employee into an examination room. Consequently, FRA recognizes the following limited exceptions:

* 1. The injured employee issues a voluntary invitation to the supervisor to accompany him or her in the examination room. The injured employee must issue this invitation freely, without coercion, duress, or intimidation. For example, an injured employee may seek the attendance of a supervisor where the supervisor is a friend. This exception does not encompass invitations issued by third parties, including physicians, unless the invitations are made pursuant to the request of the injured employee.
  2. The injured employee is unconscious or otherwise unable to effectively communicate material information to the physician and the supervisor’s input is needed to provide such material information to the physician. In these circumstances, the

supervisor is assisting the injured employee in providing information to the physician so that the injured employee may receive appropriate and responsive medical treatment.

#### Q105. An employee on duty suffers a fatal heart attack. Is the case reportable?

A105. You must make immediate notification of a worker’s death, regardless of suspected cause or circumstances (see Telephonic Reports of Certain Accidents/Incidents in Chapter 1 of this FRA Guide). The FRA investigates all deaths reported by this notification requirement. However, if an event or exposure is not a discernable cause of the injury or illness, then a report is not required. Therefore, the railroad must investigate the death and determine whether it is more likely than not that an event or exposure was a discernable cause of the death.

#### Q.106. A track worker stumbled on a rotten tie near the right-of-way and rolled down the embankment. Two other railroad employees observed the event. The worker was taken to a local PLHCP. After the examination, the PLHCP declared the employee fit for full duty; no medical treatment was provided. The employee chose not to report to work the next day, and took a day “sick” leave as provided for under the collective bargaining agreement. The railroad completed the Form FRA F 6180.98–Railroad Employee Injury and/or Illness Record. However, since the employee did not report to work the next day, does this qualify as an FRA-reportable event?

A.106. This case would not be reportable to FRA, because the employee injury did not meet the general reporting criteria. However, because the employee was examined by a PLHCP, this does qualify as an accountable injury and the railroad must complete a Form FRA F 6180.98. Note, however, that if the employee called in sick because the PLHCP subsequently recommends time away from work or restricted duty, then the injury would be reportable. For example, after being examined by the PLHCP and being declared fit for full duty, the employee’s condition worsens; the employee contacts the PLHCP the day after being examined to discuss the injury and the PLHCP then recommends time away from work or restricted duty, thus making the case reportable.

#### Q.107. A car cleaner strains his/her back during the performance of duty. The car cleaner calls the supervisor the next morning complaining of a very sore back and requests to stay home for a couple of days. The supervisor agrees to put the employee on administrative time. After 2 days, the supervisor instructs the employee to see a PLHCP. The doctor declares the employee fit for full duty. What is the reporting obligation of the railroad?

A.107. The supervisor should have instructed the employee to seek medical attention when called. If the supervisor instructs the employee to stay home, but pays the employee as if he were on duty or on administrative leave, the supervisor’s actions indicate an admission by the railroad that the injury/illness is work- related. Likewise, if a railroad supervisor decides to restrict an employee’s duties due to a claimed employee work-related injury/illness, the supervisor’s actions indicate an admission by the railroad that the injury/illness is work-related. Accordingly, the railroad must complete the Form FRA F 6180.98–Railroad Employee Injury and/or Illness Record, and submit to FRA a completed Form FRA F 6180.55a–Railroad Injury and Illness Summary.

#### Reporting of Injuries to Persons Other Than Railroad Employees

A report must be made for each fatality and each injury that requires medical treatment beyond first aid, results in loss of consciousness, or meets the definition of significant injury, that is discernibly caused by an event or exposure arising from the operation of the railroad. There is a general presumption that any death or injury that occurs on a railroad’s premises, more likely than not, is related to the operation of the railroad. Other cases become reportable if they are connected to an event or exposure that occurred on the railroad’s premises but affected persons not on the premises, e.g., a plume from a hazardous material release.

A highway user, who is involved in a highway-rail grade crossing accident/incident and is transported from the scene of a highway-rail grade crossing accident/incident to a medical facility via ambulance or other form of medical conveyance, is presumed to have sustained an FRA reportable injury. Absent evidence to rebut this presumption, the railroad must report the injury to FRA on Form FRA F 6180.55a and show the injury on Block 46 on Form FRA F 6180.57, “Highway-Rail Crossing Accident/Incident Report.” If the railroad later discovers that the highway user did not sustain a reportable injury, the railroad must notify FRA in accordance with the late reporting instructions. This presumption does not relieve railroads of their duty to make reasonable inquiry, as described below and in depth in Chapter 10 of this Guide, to determine the nature and severity of highway-rail grade crossing injuries and to accurately report such injuries.

A description of first-aid treatments can be found in the earlier section describing the requirements for reporting railroad employee reporting.

*Determination of Nature and Severity of Highway-Rail Grade Crossing Injuries*: In order to fulfill its responsibilities in determining the nature and severity of highway-rail grade crossing injury and to accurately report such injury, a railroad must try to contact any potentially injured highway user, or their representative, in writing and, if unsuccessful in obtaining the needed information, by telephone. If a highway user died as a result of the highway-rail grade crossing accident/incident, a railroad must not send this form to any person.

The railroad should contact potentially injured highway users involved in a highway-rail grade crossing accident/incident, in writing, by sending each potentially injured highway user a Form FRA F 6180.150, “Highway User Injury Inquiry Form,” and, if unsuccessful, by phone. See Guide, Chapter 10, for complete instructions. If a highway user died as a result of the highway- rail grade crossing accident/incident, a railroad must not send this form to any person. The Form FRA F 6180.150 should also include a cover letter explaining the form’s purpose and containing instructions on how to complete the form in addition to a prepaid, preaddressed return envelope so that the highway user can easily return the completed form to the railroad if he or she opts to complete the form. See FRA Guide, Chapter 10, for complete instructions. The Form FRA

F 6180.150 and cover letter should be completed, drafted, and mailed in accordance with the instructions found in § 225.21 and the FRA Guide at Chapter 10. A sample cover letter has been provided in Appendix N to this FRA Guide.

FRA acknowledges that there will be situations in which a highway user cannot be reached, even though a railroad contacts the person by telephone and in writing. Other times, a highway user will refuse to provide any information, even though a railroad clearly explains the Federal reporting requirements and the reason for soliciting information. In those cases, a railroad is still responsible for deciding whether, considering all of the circumstances, the highway user suffered a reportable injury. The railroad must reconsider that determination if new or additional information is later acquired. Moreover, if a highway user completes Part II of Form FRA F 6180.150, or provides additional information during a telephone call, the railroad will be responsible for determining whether, based on the circumstances, the person suffered a reportable injury or illness. See Guide, Chapter 6, for complete instructions.

The railroad must use any response it receives when contacting the potentially injured highway user to determine whether any Part 225 records or reports should be created, and to complete those records and reports.

The railroad must keep a record of its efforts to make such contact including, but not limited to, retaining a copy of the Form FRA F 6180.150 sent to the highway user and the accompanying cover letter, any response from the highway user and, when appropriate, a record documenting the date, time, and content of the followup call. This record and documentation of any information obtained must be retained for a period of 5 years and be available for review and copying by an FRA representative under the same criteria as set forth in § 225.35 (b).

*Determination of Nature of Trespasser Fatality:* In order to fulfill its responsibilities in determining the nature of a trespasser fatality and to accurately report such fatality, a railroad must try to obtain documentation indicating the cause of death by contacting a coroner, public police officer or other public official by telephone and, if unsuccessful in obtaining the needed information, in writing. The railroad must continue its efforts to obtain this documentation for a period of 6 months following the month in which the fatality occurred. The railroad must keep a record of its efforts to obtain such documentation. This record and any documentation obtained

must be available for review and copying by an FRA representative under the same criteria as set forth in § 225.35(b).

##### *Questions and Answers on Injuries to Persons Other Than Railroad Employees*

**Q108. When you refer to an event or exposure arising from the operation of a railroad, would this include a motor** vehicle **incident between one of our employees and another person, e.g., a motorist lost control, crossed median strip, and struck a truck being driven by a railroad employee on railroad property?**

A108. An event or exposure arising from the operation of the railroad includes, for a non-employee, (i) if the person is on property owned, leased, maintained, or operated by the railroad, an event or exposure that is related to the performance of the railroad’s rail transportation business; or (ii) if the person is off property owned, leased, maintained, or operated by the railroad, an event or exposure that directly results from certain limited events or exposure. An example would be a hazardous material release from a railcar in the possession of the railroad, where the fumes drifted to an adjacent community and caused death or other reportable conditions. Since these persons were harmed while on the railroad’s property and the event was related to the performance of the railroad’s rail transportation business, then the railroad is responsible for reporting any casualties associated with this event.

#### Q109. Is there any difference in reporting requirements for the following cases?

* + - * **A trespasser was walking over a trestle when a train suddenly came in sight. He jumped from the trestle to avoid being struck, and broke a leg.**
      * **A child was trespassing on a railroad bridge and fell to his death. There was no evidence that a train or railroad employees were present at the time of the accident.**

A109. No. Both situations are reportable since both the trestle and train are directly associated with the operation of the railroad.

#### Q110. A body was found along our right-of-way. It was determined that death was a result of being struck by a train; however, several railroads operate over this segment of track. Who is responsible for reporting?

A110. If known, the railroad operating the consist involved must report. If that railroad cannot be determined, then the railroad responsible for the track maintenance must report.

**Q111. A car was driving on a public overpass when the driver, who was not a railroad employee, lost control and the vehicle fell to our property below. The driver was seriously injured. Do we need to report this incident?**

A111. No. Unless there was some involvement of the railroad that was a cause of or contribution to the incident, then the injury to the driver would not be reportable.

#### Q112. Can you provide some examples of situations involving reportable injuries suffered by a “Worker on Duty–Volunteer,” a “Volunteer–Other,” a “Worker on Duty–Contractor,” and a “Contractor–Other” in the course of different types of work performed?

A112. Example 1. A volunteer operates a locomotive for an excursion railroad. Operation of a locomotive clearly falls within the realm of “operation of on-track equipment.” If the volunteer sustains a reportable injury (i.e., an injury resulting in death or requiring medical treatment) during operation of the locomotive, then the incident is reported as an injury to a “Worker on Duty–Volunteer” (Class H), with the applicable job code series.

Example 2. A volunteer sits in a booth selling tickets for train rides on a tourist railroad that operates on the general system and also clears vegetation adjacent to its roadbed. Under 49 CFR § 213.37, vegetation is to be cleared from the roadbed for safe rail operations; vegetation clearing is, thus, an aspect of maintaining the roadbed under § 209.303(b)(1) and is therefore considered a “safety-sensitive function.” Any injury sustained by the volunteer during the vegetation clearing is classified as one to a “Worker on Duty–Volunteer” (Class H). If any reportable injury is sustained by the volunteer during the process of selling tickets, then such injury is classified as one to a “Volunteer–Other” (Class I). If, however, the volunteer sells tickets and then clears vegetation during the same tour, then all injuries are considered as those attributable to a “Worker on Duty–Volunteer” (Class H).

Therefore, when a volunteer is engaged in “mixed service,” the railroad must report all reportable injuries for that volunteer as those to a “Worker on Duty–Volunteer” (Class H) on Form FRA F 6180.55a. Conversely, when a contractor employee is engaged in such “mixed service” on railroad property, the railroad must report all reportable injuries for that contractor employee as those to a “Worker on Duty–Contractor” (Class F) on Form FRA F 6180.55a, with the applicable job code series of the service

performed. Also note that if the volunteer in this example is working for a tourist railroad that operates exclusively off the general system, and if the incident that causes his injury is classified as a non-train incident that doesn’t involve operational on-track equipment, then Part 225 does not require the tourist railroad to report the injury at all. See § 225.3.

Example 3. The employee of a contractor performs payroll as well as time-and- attendance functions for a railroad on railroad property. Such functions are not considered “safety-sensitive” because they are not related to the continued safety of the railroad and do not fall under the definition of any safety-sensitive function as defined in

§ 209.303. Thus, an injury sustained by this contractor performing those tasks is reported as that to a “Contractor–Other” (Class G).

Example 4. A contractor employee inspects and replaces roller bearings for the reporting railroad on the railroad’s property. Injuries sustained by this contractor are reported as those to a “Worker on Duty– Contractor” (Class F) on Form FRA F 6180.55a. Under § 215.113, cars with defective roller bearings should not be in service, thus any injury associated with replacement of roller bearings is a “safety-sensitive function” qualifying as an injury attributable to a “Worker on Duty–Contractor” (Class F). In contrast, if this same injury was sustained by a contractor employee at the contractor’s facility off railroad property, then such injury would not be reported to FRA.

#### Miscellaneous Guidance

Casualties to persons on trains or other on-track equipment, except for employees of another railroad, are to be reported by the railroad responsible for the consist at the time of the accident/incident.

Casualties to persons not on trains or other on-track equipment are to be reported by the railroad whose consist or operation was most directly involved, e.g., casualties away from railroad property resulting from a release of hazardous materials.

Any person found unconscious or dead on or adjacent to a railroad’s premises or right-of-way is reportable by the railroad responsible for track maintenance if it is determined that the casualty resulted from the operation of a railroad and the identity of the railroad causing the accident/incident cannot be established in areas of joint operation.

When a person dies as a result of an accident/incident after the month in which the case was initially reported, the case will be reclassified as a fatality. Any death occurring under these circumstances is to be identified by correcting the original casualty record to change the casualty from nonfatal to fatal, and the corrected report must be submitted with changes circled in red.

An entry for each casualty must be made on a separate line.

Each accident/incident must have an identifying number that is unique for the report month. All forms used by a railroad to report a single event or exposure must use the same accident/incident number. For example, if a highway-rail grade crossing accident injures more than one person, a separate line entry is used on Form FRA F 6180.55a to report each injury. A Form FRA

F 6180.57 must also be completed. The same accident/incident identification number must be the same for all records.

##### *Coding Instructions Injuries Due to Passenger Station Platform Gap Incidents*

A “passenger station platform gap incident” is a reportable injury involving a person who, while involved in the process of boarding or alighting a passenger train at a rail car door threshold plate at a high-level passenger boarding platform (i.e., a platform that is 48" or more above the top of the rail), has one or more body parts enter the area between the carbody and the edge of the platform or traveling between passenger cars. The following are examples of a passenger station platform gap incident:

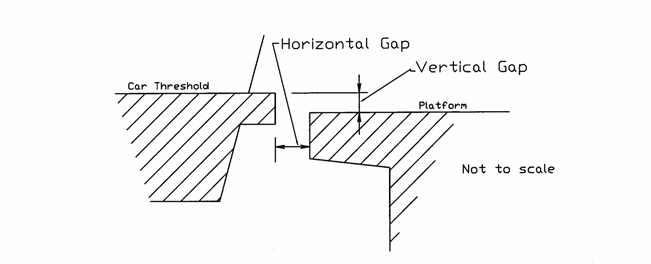
* + - * While boarding or alighting a passenger train at a high-level passenger boarding platform, a person misjudges the passenger station platform gap, resulting in the person’s leg entering the passenger station platform gap.
      * While boarding or alighting a passenger train at a high-level passenger boarding platform, a person is struck by a closing door, resulting in the person’s leg entering the passenger station platform gap.

The following are not examples of a passenger station platform gap incident:

* + - * While boarding or alighting a passenger train at a high-level passenger boarding platform, a person misjudges the gap and falls into the vestibule or platform, without a body part entering the gap.
      * While walking on a passenger station at a high-level passenger boarding platform, a person slips on the platform at a location other than the rail car door threshold, resulting in the person’s leg entering the gap.

Passenger station platform gap injuries usually occur when the high-level platform station is concave or convex, when there is misalignment between the platform and passenger car (see

diagram), or when a person is traveling between cars and has one or more body parts enter the area between the cars.



**Figure 2: Diagram of coordination of vehicle floor with boarding platform**

These passenger station platform gap injuries have special coding instructions, and new codes were added to the Circumstance Codes (Appendix F).

When an injury is a result of a person being injured due to a “passenger station platform gap” incident as defined above, the railroad must use, in Block 5n (“Cause”), “Probably Reason for Injury/Illness Circumstance Code,” Code Number 18, “Slipped, fell, stumbled due to Passenger Station Platform Gap” regardless of whether other codes may be applicable.

The following codes would typically be used to describe a passenger station platform gap event on Form Railroad Injury and Illness Summary (Continuation Sheet) – Form FRA F 6180.55a.

Physical Act (Block 5j) A6 Getting out

25 Getting off

1. Stepping up
2. Stepping down

80 Stepping across (passenger cars) Location (Block 5k)

Part I

P – Passenger Terminal Part II

If the injury occurred when the passenger was boarding or alighting: 16 Passenger car(s) – standing

If the person was walking between cars when the injury occurred then the codes apply:

15 Passenger car(s) – moving 16 Passenger car(s) – standing

Part III

G1 - Rail Car Door Threshold Plate to Edge of Platform – Gap G2 - Area Between Coupled Cars and Platform

G3 - Area Along Car body, other than Threshold Plate and Platform Edge G4 - Car in Vestibule

Event ((block 5l)

Use the applicable codes. Tools (block 5m)

1G - Door, End or Side - Passenger Train 2G - Door, Trap - Passenger Train

Cause (block 5n)

18 - Slipped, fell, stumbled due to Passenger Station Platform Gap

It is essential that this code be used for high level passenger boarding platform gap incidents.

#### Instructions for Completing Form FRA F 6180.55a (Continuation)

Item Instruction

1. Name of Reporting Railroad

Enter the full name of the reporting railroad.

1. Alphabetic Code

Enter the reporting railroad’s code found in Appendix A.

1. Report Month

Enter the month covered by this report.

1. Report Year

Enter the year covered by this report.

5a. Accident/Injury Number

Enter the identifying number assigned to the accident/incident causing the casualty. If multiple casualties resulted from a single event, each casualty must have exactly the same report number. If the casualty was a result of a rail equipment accident/incident or a highway-rail grade crossing impact, the entry must be the same as that shown on the other forms completed for the accident/incident.

5b. Day

Enter the day of the accident/incident. Use number day of the month, e.g., 01-31.

5c. Time of Day

Enter the time of the accident/incident, including “a.m.” or “p.m.” Do not use military time.

5d. County

Enter the county/parish in which the accident/incident occurred.

5e. State

Identify the State in which the casualty occurred, using the appropriate code found in Appendix B.

5f. Type Person/Job Code

Identify the type of person whose injury or illness is being reported by using the following codes (refer to classification of persons found in the definitions in Chapter 2): A - Worker on Duty–Railroad Employee; B - Railroad Employee Not On Duty; C - Passengers on Trains; D - Nontrespassers–On Railroad Property; E - Trespassers; F - Worker On Duty–Contractor; G - Contractor–Other; H - Worker on Duty–Volunteer; I - Volunteer–Other; and J - Nontrespassers–Off Railroad Property.

If the report is for a “Worker On Duty,” i.e., type person/job codes A, F, or H; or the person is an “Employee Not On Duty,” type person code “B;” you must enter the code from Appendix D that best identifies the individual’s occupation/responsibilities.

5g. Age

Enter the age of person whose injury or illness is being reported.

5h. Drug/Alcohol Test

If any employee was tested for alcohol use in connection with this accident, enter the number of positive tests in the box titled “A.” If any employee was tested for drug use in connection with this accident, enter the number of positive tests in the box titled “D.” A test is a physical or chemical reaction by which a substance may be detected or its properties ascertained, and includes both Federal and employer-authorized tests to determine alcohol or drug usage. A test performed under Federal (FRA) requirements is considered positive when the test result has been verified as positive by a Medical Review Officer and reported to the employer. A test performed under other authorization is considered positive when the employer will defend the results if legally challenged. (Refer to 49 CFR

Part 219, Control of Alcohol and Drug Use, for additional information.)

If there were positive tests, but impairment is not reported as a cause of the accident, then provide a brief explanation in the narrative of the basis for this determination. The narrative is to be used to provide additional clarification, particularly in instances where there are positive test results, but impairment was not determined to have been causal.

You are required to identify all accidents/incidents where testing was performed. The recording of this data on a record does not mean that the injured person was the individual tested. This situation could occur when the employee(s) tested for the use of these substances was not harmed in the accident/incident. Under these circumstances, since there was no injury to the tested employee, there would be no entry for this employee on Form FRA F 6180.55a. Therefore, it is critical to record the information concerning tests on all reports filed in connection with the accident/incident.

Note: The same drug and alcohol codes should be reported on all corresponding Forms FRA F 6180.54 and Forms FRA 6180.55a’s that are filed under the same accident/incident number.

This situation could arise, for example, when a non-employee (e.g., a passenger), sustains the only reportable injury in an incident that resulted in testing of employee(s). In order to identify the connection between the injury being reported and possible alcohol or drug use by an employee, it is mandatory that the information concerning the alcohol or drug use be recorded on the reports made in connection with the accident/incident.

5i. Injury/Illness Code

Select from the codes in Appendix E the combination that best describes the condition being reported.

5j. Physical Act

From Appendix F, select the code that best describes what the injured person was doing just before the injury occurred. If the code you have selected does not sufficiently describe the “physical act,” provide further description in the Narrative.

5k. Location

The location comprises three sets of codes as described below.

**PART I:** Was the person on the right-of-way, off the right-of-way, or on on- track equipment?

Identify the appropriate category describing where the casualty occurred, and enter the appropriate code listed in Appendix F. When using “Other,” a narrative must be provided in Item 5s.

**PART II**: If the casualty involved on-track equipment, select the code that best describes the type of on-track equipment involved, and enter appropriate code listed in Appendix F. When using “Other,” a narrative must be provided in Item 5s.

**PART III:** Select the appropriate code that best identifies the location of the casualty being reported listed in Appendix F. When using “Other,” a narrative must be provided in Item 5s.

5l. Event

From Appendix F, select the code that best describes the event or exposure that caused the injury. If the code selected does not sufficiently describe the “Event,” provide further description in the narrative.

5m. Tools

From Appendix F, select the code that best describes additional information about the tools, machinery, appliances, structures, surfaces, etc., associated with the injury. You should try to use codes that provide additional information. For example, if the event or exposure code identified using “hand tools,” the entry in this block could be used to identify that the tool was a “gripping” type tool. If the code selected does not sufficiently describe the tools, provide further description in the Narrative.

5n. Cause

From Appendix F, select the code that best describes what caused the event or exposure entered in Item 51. If the code you have selected does not sufficiently describe the “Cause,” provide further description in the Narrative.

5o. Number of Days Away from Work

#### See Chapter 6.8.2, Questions and Answers on Days Away from Work, and section on counting days absent from work and days of restriction.

If the person reported is an employee of the reporting railroad, enter the number of days subsequent to the day of the injury or the diagnosis of the illness that a railroad employee does not report to work, or was recommended by a PLHCP not to return to work, as applicable, for reasons associated with the employee’s condition even if the employee was not scheduled to work on that day. If there were no such days, or a fatality is being reported, enter “0.” If the person is not a railroad employee, enter “N/A.”

5p. Number of Days Restricted

#### See Chapter 6.9.1, Questions and Answers on Restricted Work, and corresponding section on counting days absent from work and days of restriction.

If the person being reported is an employee of the reporting railroad, enter the number of days that an employee is restricted in his or her routine job functions following the day of the injury or the diagnosis of the illness, or was recommended by a PLHCP not to return to full-time work, as applicable. An employee’s routine job functions are those work activities that the employee regularly performs at least once per week. If there were no such days, or a fatality is being reported, enter “0.” If the person is not a railroad employee, enter “N/A.”

5q. Exposure to Hazmat

Enter “Y” (for “yes”) if an exposure to hazardous material caused, or was a contributing factor to, the condition being reported for this individual.

5r. Special Case Codes

#### (Classification of Certain Injuries and Illnesses for FRA and/or OSHA Purposes)

FRA’s agreement with OSHA to conform with the new criteria (see Q&A 71 in Chapter 6.10.1, Questions and Answers on First Aid) that went into effect in calendar year 2002 means that some nonfatal cases that were not previously reportable to FRA will now be reportable. Prior to calendar year 2003, only those nonfatal conditions that resulted in actual days away from work, actual work restriction, medical treatment beyond first aid, or loss of consciousness were to be reported. These cases that are now reportable, have been defined as “covered data” cases.

Because of the need to track trends that determine if the safety record for railroad employees is changing, it is necessary to have a means for identifying these previously unreported cases so that the data collected under the new requirements can be accurately compared with earlier years.

If the only reason that a nonfatal condition is being reported is because 1) a physician or PLHCP prescribed time off, but no days were actually taken; 2) a PLHCP prescribed restriction of routine work duties, but restriction of routine work did not occur; or 3) the PLHCP prescribed OTC medication to be taken at prescription strength, then one of the following codes is to be entered in Item 5r on Form FRA F 6180.55a:

**A** - PLHCP prescribed time off, but no days were actually taken, and returned to full duty (no restricted days).

**R** - PLHCP prescribed restriction of routine work duties, but restriction of routine work did not occur.

**P** - PLHCP prescribed OTC medication to be taken at prescription strength, or there was a single external application of prescription medication, e.g., antibiotic ointments or eye drops.

Conditions that result in a single dose of medication that is injected or ingested are not “covered data” cases.

When deciding which code to use when a case involves more than one of the situations above, **A** takes precedence over **R** and **P**, and **R** takes precedence over

**P**. For example, if the PLHCP recommended days absent from work and restriction of work after returning to the job, then code **A** is to be used.

If code **A** or **R** is used, you must record, at a minimum, a count of “one” in either Block 5o or 5p, which are used for the counting of days.

##### *Suicide Data (Suicide or Attempted Suicide Cases)*

**X** - Death of an individual due to that individual’s commission of suicide as determined by a coroner, public police officer or other public authority; or injury to an individual, which meets reporting criteria, due to that individual’s attempted commission of suicide as determined by a public authority. Only the death of, or injury to, the individual who committed the suicidal act is considered to be suicide data.

When reporting the fatality or injury, enter **X** in Block 5r.

##### *Termination or Permanent Transfer*

If an employee is terminated or permanently transferred because of physical, medical, or other reasons associated with the reported injury or illness, then enter **Y** in Block 5r.

Do not enter Code **Y** if the employee is terminated transferred solely for other reasons, e.g., disciplinary, unless the employee’s condition was such, e.g., leg amputated, that it would have resulted in termination or transfer regardless of whether disciplinary action was taken.

5s, 5t Latitude and Longitude

Block 5s and Block 5t are for recording the latitude and longitude of the location where the incident occurred. These two blocks are mandatory for any reportable casualty to a trespasser. These blocks are optional for Worker On Duty–Railroad Employee (Class A) fatalities.

Such longitude and latitude information may be satisfied by either using Global Positioning System equipment to determine the actual longitude and latitude, or by using Internet technology to determine an estimated longitude and latitude.

FRA is using the World Geodetic System (WGS) 84 Standard for recording the event’s latitude and longitude. As such, it is requested that the information follow the WGS 84 standard.

Although FRA would prefer decimal degrees (on hardcopy only, please follow value with “o” to specify decimal degrees), FRA will accept latitude and longitude in degrees, minutes, and seconds (with o, ‘, “ to indicate units used are degrees, minutes, seconds) if submitted on hardcopy (electronic submissions should be in decimal degrees).

The latitude should use the following format +xx.xxxxxx. The longitude should use the following format -xxx.xxxxxx in decimal degrees. Use an explicit plus or minus sign and an explicit decimal point followed by six decimal places for both latitude and longitude.

Latitude, in decimal degrees: explicit decimal, explicit +/- (WGS 84) (e.g., +35.301486)

Longitude, explicit decimal, explicit +/- (WGS 84) (e.g., -085.280201)

5u. Narrative

The railroad may further explain unusual circumstances surrounding a worker’s injury or illness using up to 250 characters. Completion of this narrative is mandatory for the reporting railroad unless the injury or illness can be adequately described using all other entries (information blocks) on the form. Do not record in the narrative personal identifiers, e.g., names, Social Security numbers, or payroll identifications.

1. **Form FRA F 6180.54 - Rail Equipment Accident/Incident Report**

#### Requirement.

As set forth in § 225.19(c), rail equipment accidents/incidents are collisions, derailments, fires, explosions, acts of God, or other events involving the operation of railroad on-track equipment (standing or moving) and causing reportable damages greater than the reporting threshold for the year in which the accident/incident occurred, must be reported using Form FRA F 6180.54, “Rail Equipment Accident/Incident Report.”

##### *Reporting Threshold*

**The reporting threshold is updated annually.** The reporting threshold for calendar years 2002–2005 is $6,700. The reporting threshold for calendar year 2006 is $7,700. The reporting threshold for calendar year 2007 is $8,200. For accidents that occurred in calendar year 2008, the reporting threshold is $8,900; and, for accidents that occur in calendar year 2010, the reporting threshold is $9,200. See § 225.19(e). In subsequent years, the railroad reporting officer should check the FRA Safety Data Web site for the most current year’s reporting threshold (refer to <http://safetydata.fra.dot.gov/OfficeofSafety>and click on “Click Here for Changes in Accident/Incident Recordkeeping and Reporting.”)

##### *Employee Human Factor Reporting and Notification Requirements*

If the rail equipment accident/incident is attributed to an employee human factor, then the railroad must complete, “Employee Human Factor Attachment.” This form must be attached to the Rail Equipment Accident/Incident Report, Form FRA F 6180.54, and submitted to FRA within 30 days after the expiration of the month in which the accident/incident occurred. See 225.21(f). Here, “employee” includes persons classified as Worker On Duty–Employee, Employee not on Duty, Worker on Duty–Contractor, or Worker on Duty–Volunteer. See §

225.5 (“Employee Human Factor”) and Chapter 8 of this Guide.

When a railroad alleges, in Form FRA F 6180.81, “Employee Human Factor Attachment,” that a specific employee caused or contributed to the rail equipment accident/incident, the railroad must complete FRA Form F 6180.78, “Notice to Railroad Employee Involved in Rail Equipment Accident/Incident Attributed to Employee Human Factor; Employee Statement Supplementing Railroad Accident Report” must also be completed with notice being given to the employee and submission made to FRA and the alleging railroad. See § 225.21(g) and Chapter 9 of this Guide.

##### *7.1.3 Coexistent Reporting Requirements*

All casualties resulting from a rail equipment accident, in addition to being recorded on Form FRA F 6180.54, must be reported individually on Form FRA F 6180.55a. If the accident was a highway-rail grade crossing impact, a Form FRA F 6180.57 must also be completed by the railroad responsible for the consist.

#### General Instructions and Interpretations

An accident is frequently the culmination of a sequence of related events, and a variety of conditions or circumstances may contribute to its occurrence. A complete record of all of these would be beneficial in accident-prevention analysis. However, it is not practical, even if it were possible, to develop forms and codes that would capture every detail that may be associated with the causes and resulting consequences of each accident. Therefore, the most appropriate combination of available codes that best identifies the likely primary and any contributing cause, and other factors, is to be used.

The limitations imposed by standardized reporting forms make it critical that the narrative portion of the report provide additional information concerning those items that cannot be adequately described on the coded portions of the form. The wide variation in the causes and circumstances of accidents limits our ability to prepare a comprehensive list of items to include in your discussion. We have attempted to identify some of these in the instruction for completing the narrative portion of the report (Item 52). In addition to these, you should include any information that increases our knowledge of the underlying reasons why the accident occurred and its consequences.

##### *Identification of Train Accident/Incident*

Each accident/incident must have an identifying number unique within the reporting month. All forms used by a carrier to report a single event must use the same accident/incident number. Do not append additional numbers or letters on different forms for the same accident/incident. For example, if a railroad has two consists involved in an accident, do not report one consist using the reporting number “12345,” and the other consist using the reporting number “12345-A.” The reporting number must be exactly the same on both reports.

##### *Classification of Train Accident/Incident*

The classification of a train accident by type (collision, derailment, other) is determined by the first reportable event in the accident sequence. All reports for a single accident are to use the same designation. For example, if, following a derailment, a train strikes a consist on an adjacent track, the report for this additional consist will indicate that the accident type was a derailment, not a collision.

##### *Calculating Costs*

When final cost figures are not available, estimated values are to be used. If an estimated value was significantly in error, an amended report must be forwarded. A significant difference is a 10-percent variance between the damage amount reported to FRA and current cost figures.

##### *Joint Operations*

If the property of more than one railroad is involved in an accident/incident, the cost of damages is calculated by including the damages suffered by all of the railroads involved.

When total reportable damage to all railroads directly involved in an accident/incident exceeds the reporting threshold, you must make a report, even though your railroad’s damages were below the threshold.

In joint operations, if the railroad having track maintenance responsibility did not also have on- track rail equipment involved, the railroad having track maintenance responsibility must submit to FRA a Form FRA F 6180.54 report containing track information. The items concerning the equipment consist are to be marked “N/A.” See § 225.23(c).

Any railroad indicating the involvement of another railroad in the accident on its report must promptly notify the other carrier (FRA may be contacted to obtain telephone numbers). You must exchange information concerning the accident and verify, at a minimum, that:

* + - 1. The other railroad has a reporting responsibility.
      2. Total reportable damage exceeded the threshold.
      3. Information contained in both reports is consistent.

When there is disagreement concerning the items being reported, particularly the cause of the accident, each railroad will include a discussion of these in the narrative portion of its report. The back of the form or a separate sheet of paper is to be used when the front of the form is not adequate for this purpose.

##### *Responsibility for Reporting Multiple Consist Accidents*

A form must be completed for each consist (see Chapter 2 for definition) involved in an accident. The railroad responsible for the on-track equipment at the time of the accident, and only that railroad, will report the consist information. See § 225.23(c).

##### *Responsibility for Reporting Accidents on Industry Track*

Track information for accidents occurring on industry track of a non-reporting company is to be reported by the railroad operating the on-track equipment. Damages to industry track and on- track equipment are included in reportable damage. The word “industry” is to be entered in Item 3b to identify an accident of this type.

##### *Reporting Exceptions*

The following exceptions do not impact the railroad’s obligation to maintain records of accidents/incidents as required by § 225.25 (Form FRA F 6180.97, “Initial Rail Equipment Accident/Incident Record”), as applicable. A railroad need not report the following:

1. Cars derailed on industry tracks by nonrailroad employees or nonrailroad employee vandalism, providing there is no involvement of railroad employees.
2. Damage to out-of-service cars resulting from high water or flooding, e.g., empties placed on storage or repair track. This exclusion does not apply if such cars are placed into a moving consist and as a result of this damage, a reportable rail equipment accident results.

Suicides and attempted suicides are not exceptions to FRA’s reporting requirements and must be reported to FRA as “suicide data.” Accidents and incidents caused by suicide or attempted suicide are NOT excepted from FRA’s reporting requirements.

*Suicide data* is data regarding the death of an individual due to that individual’s commission of suicide as determined by a coroner or other public authority; or injury to an individual due to that individual’s attempted commission of suicide as determined by a public authority. Only the death of, or injury to, the individual who committed the suicidal act is considered to be suicide data.

See instructions for completing Blocks 38, 46–48, and 52 of Form FRA F6180.54 under Section 7.3 below.

#### Instructions for Completing Form FRA F 6180.54

Note: Enter “N/A” for those items that do not apply to an accident, or for those items describing on-track equipment that is the reporting responsibility of another railroad. All items must have an entry; do not leave items blank. If “none” is the proper response to an item (for example, the number of cars releasing hazardous material), then enter “0,” not “N/A.”

Item Instruction

1. Name of Reporting Railroad

Enter the full name of the reporting railroad.

1a. Alphabetic Code

Enter the reporting railroad’s alphabetic code found in Appendix A.

1b. Railroad Accident/Incident No.

Enter a unique identifying number for the accident/incident being reported. All reports prepared in connection with this accident/incident must use the same reporting number. The report number may contain up to 10 numbers or alphabetic characters.

1. Name of Other Railroad or Other Entity with Consist Involved

If an equipment consist operated by another railroad or other entity was involved

in the accident, enter the full name of that railroad or other entity. If more than one other railroad or other entity had a consist involved, list only one name; include in the narrative portion of the form a reference to all railroads and other entities and the extent of their involvement. Be sure that any other railroad or other entity identified in the report is notified.

The exception is when there are three railroads involved (or two railroads and one industry), then Item 2 can be completed with the name of the railroad or other entity without having a consist involved.

2a. Alphabetic Code

Enter the alphabetic code of the railroad or other entity identified in Item 2, as found in Appendix A.

2b. Railroad Accident/Incident No.

Enter the reporting number used by the railroad or other entity shown in Item 2 to identify this accident/incident.

1. Name of Railroad or other Entity Responsible for Track Maintenance

Enter the name of the railroad or other entity responsible for maintaining the track on which the accident/incident occurred.

3a. Alphabetic Code

Enter the alphabetic code of the railroad, or other entity identified in Item 3.

3b. Railroad Accident/Incident Number

Enter the reporting number used by the railroad shown in Item 3 to identify this accident/incident.

1. U.S. DOT Grade Crossing Identification Number

If the event being reported is a highway-rail grade crossing impact, enter the DOT crossing identification number. The U.S. DOT Grade Crossing Identification Number means and is in reference to the U.S. DOT Grade Crossing Inventory Number. (Note: The railroad responsible for the on-track equipment involved in the impact must also complete a Form FRA F 6180.57. This report must have the same report number as that used on Form FRA F 6180.54.)

1. Date of Accident/Incident

Enter the date of the accident/incident.

1. Time of Accident/Incident

Enter the time the accident/incident occurred and check the appropriate “a.m.” or “p.m.” box. Do not use military time.

1. Type of Accident/Incident

Identify the first event in the accident/incident from the list of codes on the form. The same code is used for all reports filed for the accident.

1. Cars Carrying HAZMAT [Hazardous Material]

If the equipment consist for which this report is being prepared contained cars that are designated as transporting hazardous material, enter the total number of these cars, including residue cars. If there were no such cars in the consist, enter a “0.” If the report is for track involvement only, enter “N/A.” The entry in this item cannot be greater than the total number of freight cars shown on line 1 of Item 35.

1. HAZMAT Cars Damaged/Derailed

If the entry in Item 8 is greater than or equal to 1, enter the total number of hazardous material cars that were damaged or derailed. If none, enter “0”; otherwise, enter “N/A.” The number of cars in Item 9 cannot exceed the number of cars listed in Item 8.

1. Cars Releasing HAZMAT

If any of the hazardous material cars counted in Item 8 released any portion of its contents, including fumes, enter the count of these cars. If none, enter “0”; otherwise, enter “N/A.” This number cannot be greater than that shown in Item 8. Describe the hazardous material released in the narrative by name or the Standard Transportation Commodity Code (STCC). (Note: Any release of hazardous material must also be reported on DOT form F 5800.1 See 49 CFR 171.15 and

171.16 for requirements.)

1. People Evacuated

If the accident/incident resulted in an evacuation of the area because of an actual or a potential exposure to hazardous material, enter the number of persons evacuated. This number is to be reported only by the railroad responsible for the equipment consist involved.

If there were multiple consists involved in the accident, the total number of people evacuated is to be shown on the report for the consist most directly responsible for the evacuation. Precautionary evacuations and instances where it was later established that a release of hazardous material did not occur are to be reported.

1. Subdivision

Enter the full name of the subdivision on which the accident occurred, i.e. the Track owner’s subdivision name. If the railroad is not so divided, enter the word “System.” In the event of a joint accident involving Amtrak, the host railroad’s subdivision will apply.

Note: If an accident occurred in a major terminal and subdivision is not applicable, enter terminal/yard name.

1. Nearest City/Town

Enter the name of the nearest city or town.

1. Milepost

If the accident occurred on a main line, branch line, or siding, enter the milepost number, to the nearest tenth of a mile, at the location of the accident. If mileposts are not used, enter “N/A.”

1. State Abbr.

Enter the appropriate State abbreviation and code, from Appendix B of this Guide.

1. County

Enter the full name of the county or parish in which the accident occurred.

1. Temperature

Enter the temperature (Fahrenheit) at the accident site at the time of the accident. If the temperature was below zero, preface the temperature number with a minus (-) symbol.

1. Visibility

Select the most appropriate entry, and place in the code box. Make sure this entry does not contradict the time given in Item 6. For example, if the time of the accident was 1:30 p.m., it would be incorrect to code the visibility as “Dawn.”

1. Weather

Select the most appropriate weather condition at the time and location of the accident, and enter the code in the box provided.

1. Type of Track

The host railroad (railroad responsible for track maintenance) will determine/provide the type of track. Any other railroad should consult with the host railroad when completing this block. Select the code that identifies the type of track on which the accident occurred, and enter it in the box provided. Branch lines should be reported as mainline, code “1.”

1. Track Name/Number

Enter the name or number used to identify the track on which the accident occurred. If it is a main track of a single-track line, enter “single main track.”

1. FRA Track Class

Enter the class of track on which the reported consist was located at the time of the accident. Classes of track are defined in the Federal Track Safety Standards (49 CFR Part 213). Excepted track should be entered as Class “X.”

Maximum Speed

Track Freight Passenger Class Trains Trains

X 10 Prohibited

|  |  |  |
| --- | --- | --- |
| 1 | 10 | 15 |
| 2 | 25 | 30 |
| 3 | 40 | 60 |
| 4 | 60 | 80 |
| 5 | 80 | 90 |
| 6 | 110 | 110 |
| 7 | 125 | 125 |
| 8 | 160 | 160 |
| 9 | 200 | 200 |

1. Annual Track Density

If an accident occurred on a main track, enter the annual gross tonnage (in millions) over this track; otherwise, enter “N/A.”

1. Timetable Direction

If the consist identified on this report was either moving or temporarily stopped, enter the code that describes the timetable or schedule direction. If the equipment consist was a car or a cut of cars standing on the track, enter “N/A.”

1. Type of Equipment Consist

Select the code that best identifies the consist for which this report is being prepared, and enter in the box provided. Be sure that this entry is consistent with the values given in Items 34 and 35.

For example: the codes “1,” “2,” “3,” “7,” “8,” “B,” and “C” are used for consists that contain a locomotive unit. Therefore, line 1 of Item 34 must show at least one locomotive in a box. If the code for a freight train is used, then line 1 of

Item 35 must show loaded and/or empty freight cars. If the consist is a single car or cut of cars, there cannot be locomotives shown in Item 34 and there must be a car count shown in Item 35. Many such comparisons exist; be sure to check the interrelationship of information contained in all items related to the equipment consist.

The codes for “Type of Equipment Consist” are as follows:

* 1. Freight train
  2. Passenger train - Pulling
  3. Commuter train - Pulling
  4. Work train
  5. Single car
  6. Cut of cars
  7. Yard/switching
  8. Light loco(s)
  9. Maint./Inspect. Car
     1. Spec. MoW Equip
     2. Passenger train - Pushing
     3. Commuter train - Pushing
     4. EMU
     5. DMU

1. Was Equipment Attended?

If the equipment consist was attended by an employee, enter “1”; otherwise, enter “2.”

1. Train Number/Symbol

If the equipment consist can be identified by means of a train number, enter that train number. Otherwise, enter the number of the locomotive unit from which the engineer was controlling the consist. If the consist for which this report is being prepared did not contain a locomotive, enter “N/A.”

1. Speed

List the speed (mph) at which the consist was traveling at the time of its involvement in the accident. Enter “E” in the code box to indicate if this is estimated; or enter “R” for a recorded speed. If this consist was stopped, enter a speed of “0.”

1. Trailing Tons

If the equipment consist reported on this form is a freight train, work train, etc., enter the gross tonnage, excluding locomotives, of the train. Enter “N/A” if the consist was a passenger train (pulling/pushing), commuter train (pulling/pushing), light locomotive(s), car(s), EMU, DMU, or a locomotive handling cars in switching operations.

1. Type of Territory

The host railroad (railroad responsible for track maintenance) will determine/provide the type of territory. Any other railroad should consult with the host railroad when completing this block. Identify the method(s) of railroad operation at the accident location by entering the appropriate code(s) in the boxes. The back of the form may be used if necessary. The specific instructions for completing this block are dependent on Block 20 (Type of Track). There are up to five codes available to be used. Refer to Appendix J for specific instructions.

30a. Remotely Controlled Locomotive?

If this consist is NOT a part of a remote controlled operation or is NOT being controlled by a remote control locomotive (RCL), enter code “0.” For accidents involving consists controlled by RCL, enter one of the following three available codes that best describes the type of remotely controlled operation involved:

1 - Remote control portable transmitter 2 - Remote control tower operation

3 - Remote control portable transmitter – more than one remote control transmitter.

The use of codes “1,” “2,” or “3” is not dependent upon whether the RCL operation caused or contributed to the accident, only that the RCL was in use. Further explanation can be provided in the narrative.

There are special instructions for Blocks 40–45 for coding if the consist was under RCL operations.

1. Principal Car/Unit

31a. Initial and Number

In the upper box (“First Involved”), list the initial and number of the first locomotive or car in the consist being reported.

If the consist was moving at the time of the accident, and the accident was caused by a mechanical or an electrical failure on this consist (cause codes beginning with “E”), enter the initial and number of the car or locomotive having the defective equipment in the lower box (“Causing”). If a mechanical or electrical failure on a locomotive or car in this consist did not cause the accident, enter “N/A.”

The same entry will frequently appear in both upper and lower boxes, since the locomotive or car with the mechanical or electrical failure will also be the first involved. If the locomotive or car that caused the accident was contained in a different consist than the one described in this report, do not identify it on the report for this consist. A reference to the unit causing the accident may be made in the narrative portion of the report.

31b. Position in Train

In the upper box, enter the position within the consist of the locomotive unit or car identified in the upper box of Item 31a. When the consist contains a locomotive, count from and include the first locomotive unit. If the consist was a moving cut of cars, count from the leading end of the consist. If the consist was a single locomotive or moving car, enter “1.” If the consist was a standing car or a

standing cut of cars, enter “N/A.”

If a locomotive unit or car is identified in the lower box of Item 31a, enter its position in the lower box. Use the procedure described above.

Note: When entering the position of the car or locomotive in either box, be sure that this value does not exceed the total length of the consist. This is determined by adding the total number of locomotives in line 1 of Item 34 to the total number of cars shown in line 1 of Item 35.

31c. Loaded

When the entry in the upper box of Item 31a identifies a car, indicate if this car was loaded or unloaded by entering “Yes” or “No” in the upper box. If a car is not identified in Item 31a, enter “N/A.”

If a car is identified in the lower box of Item 31a, indicate if this car was loaded or unloaded by entering “Yes” or “No” in the lower box. Otherwise, enter “N/A.”

1. Railroad employees tested for drug/alcohol use.

If any employee was tested for alcohol usage in connection with this accident, enter the number of positive tests in the first block. If any employee was tested for drug usage in connection with this accident, enter the number of positive tests in the second block. If testing was performed and the results were negative, enter “0.” **If there were positive tests, but impairment is not reported as a cause of the accident, then provide a brief explanation in the narrative of the basis for this determination.** You are required to identify all accidents/incidents where either Federal- or employer-authorized tests were performed.

Note: The same drug and alcohol code should be reported on all corresponding Form FRA 6180.54’s and Form FRA 6180.55a’s that are filed under the same accident/incident number.

49 CFR 225.18(a)(2) specifies that for any train accident within the requirement for post-accident testing under § 219.201, the railroad shall append to the Rail Equipment Accident/Incident Report any report required by § 219.209(b) (pertaining to failure to obtain samples for post-accident toxicological testing).

1. Was this consist transporting passengers?

Enter “Y” (for “yes”) if the consist being reported on was transporting passengers; otherwise enter “N” (for “no”).

1. Locomotive Units [Number of] (Exclude EMU, DMU, and Cab Car Locomotives) On line 1 (“Total in Train”), enter in the appropriate box(es) the number of locomotive units in this consist. If there were no locomotives in this consist, enter “0” in each of the boxes. Refer to the definition for “Locomotives” in Chapter 2 (Definitions).

For the locomotives shown in line 1, list on line 2 (“Total Derailed”) the number of these that were derailed in the accident. Include locomotives that derailed following a collision, explosion-detonation, etc., as well as those accidents identified as derailments in Item 7.

1. Cars [Number of] (Include EMU, DMU, and Cab Car Locomotives)

On line 1 (“Total in Equipment Consist”), enter in the appropriate box(es) the number of cars contained in the consist. A passenger car is considered loaded if it contains one or more passengers. Enter “0” in all boxes if the consist did not contain cars. (Refer to the definition for “EMU, DMU, and Cab Car Locomotives in Chapter 2 (Definitions).

For the cars shown in line 1, list on line 2 (“Total Derailed”) the number of these that were derailed in the accident.

Special Instruction: When the consist contains articulated cars, the count for these is to be the number of platforms/units in such a car. This is necessary in order to maintain comparability of train lengths. The narrative is to contain a reference that articulated cars were included in the consist.

1. Equipment Damage This Consist

Enter the amount of reportable damage sustained by the equipment consist for which this report is being prepared. If this consist did not have reportable damage, enter “0.” When multiple forms are being used, do not show the damage to this consist on other reports.

When estimating damage costs, the labor costs to be reported are only the direct labor costs to the railroad, e.g., hourly wages, transportation costs, and hotel expenses. The cost of fringe benefits is excluded when calculating direct labor costs. Overhead is also excluded when calculating damage costs due to the unacceptable, non-uniform treatment of overhead under the current process. If the railroad chooses to have employees work overtime, then the overtime direct labor charges must be used.

For services performed by a contractor, a direct hourly labor cost is calculated by multiplying the contractor’s total labor hours charged to the railroad by the applicable direct hourly wage rate for a railroad worker in that particular craft. However, if a railroad cannot match the equivalent craft to the labor hours spent by a contractor, then the railroad must use the loaded rate, i.e., the cost by hour

for labor, fringe benefits, and other costs and fees for services charged by the contractor for the tasks associated with the repair of the track, equipment, and structures due to the train accident.

The current method used to calculate material costs, i.e., depreciated value estimates, will continue to be used by all railroads. See Chapter 2, Definitions, *Costs and Reportable Damage*, for methodology of calculations.

If a railroad chooses to use parts from older equipment to repair a damaged car from an accident, then fair market value for the old part should be used and documented as to fair market value (documentation should be publicly available source for refurbished equipment). FRA is concerned that the railroad pay special attention to using refurbished parts that might affect safety.

1. Track, Signal, Way & Structure Damage

The railroad responsible for maintaining the track on which the accident/incident occurred will enter the cost of damages to the track, signals, roadbed, track structures, etc. (A report must be provided even when the track damage is zero (0).) Other railroads will enter “N/A.” If the railroad responsible for the track maintenance is filing reports for multiple consists involved in the accident, only one of these reports will contain the total damage incurred.

If a railroad uses rail salvaged from an abandoned track or track no longer in use, then the cost of the rail and ties salvaged are zero; however, the direct labor costs for savaging the rail and ties, building the panels, and replacing the rail (including subsequent welding costs if continuous welded rail (CWR) must be used in calculating the costs of the accident.

1. Primary Cause Code

Proper entry of the correct primary cause code is of critical importance, not only for the accident being reported, but also for FRA’s analyses conducted for accident prevention purposes. Because of the extensive use made of primary cause code entries, careful attention must be given to making correct entry for all accidents.

From the cause descriptions found in Appendix C, enter the cause code that best describes the primary cause of the accident. All reports by a single railroad for a single accident must use the same cause code. When multiple railroads are reporting the same accident, they should attempt to resolve any differences concerning the cause prior to reporting. When this cannot be accomplished, each railroad will identify what it considers to be the primary cause of the accident.

If none of the more specific available cause codes are appropriate, you may enter Cause Code **M599**, “Other Miscellaneous Causes,” and fully describe the circumstances in the narrative. By its very nature, M599 is a vague cause code that is intended to allow for a cause code entry for accidents that involve

extremely unusual circumstances, and thus are not described elsewhere in Appendix C. Railroads should avoid unnecessary usage of this vague cause code as it detracts from FRA’s ability to accomplish proper train accident cause trend analysis for accident prevention purposes. Often, the use of Cause Code M599 can be avoided by using both the primary and contributing cause fields to enter the most appropriate specific available cause codes. (Example: For an accident caused by a worn flange (E64C) and a worn switch point (T314), rather than using M599, the railroad should make a determination as to which was the primary cause and which was the contributing cause, and make entry of these specific cause codes.)

If the cause of the accident is still under active investigation by the railroad when the report is due, you may enter **M505**. Active investigation by the railroad means that the railroad’s investigation of the accident is still ongoing, and the cause has not been fully determined. An example of an accident still under active investigation by the railroad would be that the railroad is still awaiting metallurgical results for a suspected broken rail. Often, FRA and/or the National Transportation Safety Board (NTSB) may also be performing their own independent investigations of this same accident, and their final reports may not be published for a considerable time period after the accident. The railroad must not wait for either the FRA or the NTSB to publish their findings and their assessment as to cause(s) of the accident to amend Cause Code M505. Once the railroad has completed its active investigation and determined the probable cause(s), the best available appropriate cause code(s) must be provided to FRA on an amended report for the accident pursuant to 225.13. The fact that NTSB or any other governmental agency has not released their findings as to probable cause is not a valid reason for railroads to allow cause code M505 to remain assigned to an accident.

Cause Code **M507** is used to denote accidents/incidents in which the investigation is complete but the cause of the accident/incident could not be determined. If a railroad uses this code, the railroad is required to include in the narrative block an explanation for why the cause of the accident/incident could not be determined.

#### Suicide and attempted suicide.

Place the following miscellaneous cause codes, as applicable, in Block 38:

(i) Code M309 “Suicide (Highway-Rail Grade Crossing Accident)”; (ii) Code M310 “Attempted Suicide (Highway-Rail Grade Crossing Accident)”; (iii) Code M509 “Suicide (Other Misc.)”; and (iv) Code M510 “Attempted Suicide (Other Misc.)”. These codes can be found in Appendix C, “Train Accident Cause Codes,” to this Guide. When entering the code for suicide and attempted suicide (M309, M310, M509, M510), as determined by a coroner or public authority, such as a public police officer, if there is also alcohol or other drug involvement, then enter, as the primary cause code, either M309, M310, M509, or M510, as applicable; and also indicate other applicable codes in the contributing code box. For example, if causes of a highway-rail grade crossing accident are both

attempted suicide and drug or alcohol impairment, enter “M310” for the primary cause code, and enter “M301” for the contributing cause.

If an accident is caused by a bond wire attachment issue (See Appendix C, Train Accident Cause Codes), information on the methods and locations of these attachment(s) are to be provided in the narrative (Block 52).

There is a 5-year limit on the railroads to send in an amended report to change a cause code. See Chapter 1 of this Guide. Once FRA or NTSB has published its findings on an accident, the railroad may choose to send in another amended report to reflect the primary cause code as determined by FRA or NTSB. The railroad is not bound by the findings of either FRA or NTSB, as long as the railroad has made a “good faith” determination that the results of their investigation and analysis are accurate.

1. Contributing Cause Code

If there were one or more contributing causes, enter the code for the foremost contributing cause. Otherwise, enter “N/A.” An accident is frequently the culmination of a sequence of related events, and a variety of conditions or circumstances may contribute to its occurrence. A complete record of all of these would be beneficial in accident prevention analysis. However, it is not practical, even if it were possible, to develop forms and codes that would capture every detail that may be associated with the causes and resulting consequences of each accident. Therefore, the most appropriate combination of available codes that best identifies the likely primary and any contributing cause, and other factors, is to be used. Railroads are encouraged to use the contributing cause code. When the events cannot be adequately described using the primary and contributing cause, the railroad must use the narrative block to complete the causes of the accident.

40–43. Number of Crewmembers

Enter in the appropriate boxes the total number of crewmembers on the consist for which this report is being filed. If the item does not apply, enter “N/A.”

The operator of on-track maintenance machines is to be included in the “Engineer” count.

A switch foreman is to be included in the “Conductor” count. Switch helpers are to be included in the “Brakeman” count.

Utility employees who were attached to the crew at the time of the accident are to be included in the count for the most appropriate type of crewmember (normally brakeman.)

If, through contractual agreements, a railroad has eliminated the job title of conductor, and those responsibilities previously discharged by a conductor are being fulfilled by another job title on the consist, then an entry is to be included in the “Conductor” count.

If Block 30a, “Remote Control Locomotives,” has a code of 1 or 2, and the consist was under RCL operations, then record the RCL operator in the “Engineer/Operator” count, regardless of the operator’s craft. If Block 30a, “Remote Control Locomotives,” has a code of 3, and the consist was under RCL operations, then record all of the RCL operators in the “Engineer/Operator” count, regardless of the operator’s craft.

44–45. Length of Time on Duty

Show the length of time that the engineer/operator and conductor in charge of the equipment consist had been on duty at the time the accident/incident occurred.

If Block 30a, “Remote Control Locomotives,” has a code of 1 or 2 and the consist was under RCL operations, then record the RCL operator’s length time on duty in the “Engineer/Operator” block, regardless of the operator’s craft.

If Block 30a, “Remote Control Locomotives,” has a code of 3, “Remote control portable transmitter - more than one remote control transmitter,” and the consist was under RCL operations, then record all of the RCL operators in the “Engineer” and “Conductor” fields, regardless of the operators’ craft. If there are more than two RCL operators, then choose the two operators that have the longer tour of duty to record in the “Engineer” and “Conductor” blocks.

46–48. Casualties

Enter the total number of reportable casualties (fatalities and nonfatalities) on this consist. If none, enter “0.”

Enter the total number of persons who sustained reportable injuries while on board, or as a result of striking, being struck by, or who are otherwise hurt in connection with the operation of this consist. This would include injuries to individuals who jumped from the consist prior to the accident. Do not report employees of another railroad.

Include reportable casualties that result from suicides and attempted suicides, as determined by a coroner, public police officer or other public authority, in Boxes 46–48, as applicable. (Prior the effective date of this guide, suicides were not included in Items 46–48).

Note: All nonfatal casualties, including those being reported as occupational illnesses, in the case of hazardous material releases, are to be included.

Each casualty reported on this form, regardless of whether fatal or

nonfatal, must be reported individually on Form FRA F 6180.55a using the same accident/incident report number in Item 1b. Enter the number of fatal and nonfatal casualties to the railroad’s employees, train passengers, and others.

49. Special Study Block

A “Special Study Block” (SSB) is for collection of information on specific accident issues over a specified time period in response to particular hazards or associated railroad risks that are of safety concern. FRA will notify the railroads, in writing or, if appropriate, through publication in the Federal Register, of the purpose and the type of information that is to be collected

SSB for Item 49 will be broken down into SSB A (49a) and SSB B (49b).

49a. Special Study Block A

Use this block to indicate what type of track an accident/incident occurred on by using the codes “CWR” for continuous welded rail track, or “OTH” for other.

Item 49a cannot be blank.

49b. Special Study Block B

Special Study Block B will be used to collect information on specific accident issues as explained above, and if appropriate, through publication in the Federal Register.

Please refer to <http://safetydata.fra.dot.gov/OfficeofSafety>and click on “Click Here for Changes in Accident/Incident Recordkeeping and Reporting” for updated information.

50–51. Latitude and Longitude

Blocks 50 and 51 are for recording the latitude and longitude of the location where the accident occurred. These two blocks are mandatory. This requirement may be satisfied by either using GPS equipment to determine the actual longitude and latitude or by using Internet technology to determine an estimated longitude and latitude.

FRA is using the World Geodetic System (WGS) 84 standard for recording the event’s latitude and longitude. It is requested that the information follow the WGS 84 standard.

Although FRA would prefer decimal degrees (on hardcopy only, please follow value with ° to specify decimal degrees), FRA will accept latitude and longitude in degrees, minutes, and seconds (with °, ‘, “ to indicate units used are degrees, minutes, seconds) if submitted on hardcopy (electronic submissions should be in decimal degrees).

The latitude should use the following format +xx.xxxxxx. The longitude should

use the following format -xxx.xxxxxx in decimal degrees. Use an explicit plus or minus sign and an explicit decimal point followed by six decimal places for both latitude and longitude.

Latitude, in decimal degrees: explicit decimal, explicit +/- (WGS 84) (e.g.,

+35.301486)

Longitude, explicit decimal, explicit +/- (WGS 84) (e.g., -085.280201)

1. Narrative Description

A detailed narrative is basic to FRA’s understanding of the factors leading to, and the consequences arising from, an accident. While many minor accidents can be described in a few brief comments, others are more complicated and require further clarification.

An adequate description of most accidents cannot be made in the limited space available in Block 52. The narrative can be continued on a separate sheet of paper attached to the report. Because of the variety of factors associated with accidents, it is not possible to give a comprehensive list of items you should include in your discussion. However, the following are to be covered when appropriate:

Drug/alcohol involvement. Include a discussion of any drug/alcohol use connected with this accident. If positive tests were made, but usage/impairment was not determined to be a causal factor, explain the basis of this determination.

Cause. Discuss any events or circumstances occurring prior to the accident that has relevance to the accident. Provide additional information concerning the reasons for the accident when the causes found in Appendix C do not sufficiently explain why the accident occurred.

Diesel Fuel Tank. Identify any leakage of locomotive diesel fuel resulting from the accident. Identify the unit(s) by initial and number, the manufacturer and model designation, the capacity of the fuel tank, the quantity of fuel released, and any consequence of the release. (Was there a fire, environmental consequences, etc.?)

Hazardous Materials. Identify the initial and number of any car releasing hazardous materials. List the name and indicate the quantity of hazardous material released. Report the number of fatalities and injuries resulting from a direct exposure to the released substance. If there was an evacuation, estimate the size of the affected area and the length of the evacuation.

Train Information. Identify any special characteristics of the consist being reported, e.g., unit coal train; comprising articulated cars.

Unusual Types of Territory. Include any unusual types of territory that could not be described in Block 30.

Other Railroads. Describe how and to what extent the on-track equipment of other railroads became involved in the accident.

Bond Wire Attachment(s): If an accident is caused by a bond wire attachment issue, provide information on the methods and locations of these attachment(s).

#### Do not record in the narrative personal identifiers, e.g., names, Social Security numbers, payroll identifications.

1. Typed/Printed Name and Title of Preparer

Type or print the name and title of the person responsible for preparing this report form.

1. Signature

Signature of the person shown in Item 53.

Note: If Form FRA F 6180.54 is to be submitted electronically, signature (Item 54) and date of signature (Item 55) are not required.

1. Date

Date the signature was made in Item 54 (i.e., the date the form was initially completed).

#### Questions and Answers on Rail Equipment Accident Reporting

**Q1. Another railroad derailed some cars on our track. The damage to our track did not exceed the threshold; however, their cars had extensive damage and the cost to repair/replace these exceeded the threshold. Do we need to complete a report for our railroad since we did not have significant damage to the track?**

A1. Yes. The criterion for reporting is whether or not the total reportable damages for all railroads having on-track equipment, track, signals, etc. involved in the accident exceeded the threshold. You indicated that the equipment damage by itself exceeded this amount; therefore, you must complete a report, but limit the damage you record to the amount required to repair/replace your damaged track. FRA uses the information received from all railroads to obtain a clearer picture of what caused the accidents and what the consequences were.

#### Q2. A passenger train was en route between stations. A component failure and the resulting electrical arching between the third rail and a collector plate caused a traction motor to burn out. The train came to a stop as smoke and fumes entered the passenger compartment. The passengers were evacuated; however, there were no reports of injury. The repair and replacement of damaged components will exceed the threshold. Is this a reportable train accident?

A2. Yes. The regulation requires that any event involving the operation of on-track equipment and resulting in damage above the reporting threshold is to be reported. However, a component failure is not reportable when the physical damage is confined to the component and there are no other consequences of a reportable nature. Take, for example, the following scenario: a traction motor problem is detected by the engineer. She is able to cut out that motor and proceeds to the next terminal where the unit is removed from service and the traction motor replaced at a cost exceeding the threshold.

Crankcase explosions, turbo charger failures, and incidents involving catenaries must meet this same general criterion to be reportable. For example, a crankcase explosion extensively damages the block, crankshaft, and oil pan. A subsequent fire causes additional damage to other components in the engine compartment.

The train is unable to proceed, and crewmembers suffer from smoke inhalation. An event such as this, or a turbo charger explosion with similar consequences, will generally be reportable.

#### Q3. Sometimes damage to equipment is discovered during an inspection, but it cannot be determined how the damage occurred, or it may simply be the result of routine wear and tear. If the cost of repairing or replacing the component(s) exceeds the threshold, do we need to make a report?

A3. No. The equipment in this example was not in operation when the damage was detected. In addition, it is unlikely that a factual report could be prepared that would adequately describe how the damage occurred. Such a report, missing vital information, would be of little use in accident analysis.

#### Q4. A shipment of cars was dropped off and secured at an industry siding.

**Employees of the industry were attempting to move one of the cars when it got away from them, struck a derail, rolled over on its side, and sustained substantial damage. The industry’s railroad operations are confined to its own installation, which is completely off general system. The car did not leave the industry’s property or foul the track maintained by my railroad. Do we need to report this event?**

A4. No. The event described was not caused by, nor did it involve, the operation of your railroad. The industry does not have to report the event to FRA because the

industry is considered a plant railroad that operates entirely off the general system. Part 225 does not apply to plant railroads that operate entirely off the general system. See § 225.3.

#### Q5. A unit coal train was returning with 115 empties when it was delayed due to a heavy downpour that stopped all rail operations. The crew was removed from the train because of the extreme weather conditions. Heavy flooding from the rain washed out a portion of the main track that the train was occupying. The next morning, 28 cars were on their sides. The preliminary estimate of equipment damage alone is over $100,000. Is this a reportable train accident?

A5. Yes. The regulation requires that any event, including acts of God, involving the operation of on-track equipment (standing or moving), and causing damage above the threshold for train accidents. must be reported.

#### Q6. Our switch crew was switching an industry when the wind blew the industry gate into the side of a car being shoved. The industry gate was destroyed.

**Would this be considered as a track structure? Please elaborate more specifically concerning which structures would or would not be included in railroad track damage.**

A6. The damages to an industry-owned gate would not be considered as railroad track damage. Additionally, if an accident resulted in damages to the door of a roundhouse, diesel shop, or repair shop, none of these would be considered as track structures, and thus would not be considered as track damage.

Should a train strike and damage a platform used for loading and unloading passengers, this type of structure is not an integral part of the track structure, and also would not be considered as track damage.

On the other hand, should a derailment result in damages to a signal bungalow located adjacent to a track, this would be considered as track damage, as it is an adjunct to the track. For this same reason, damage to tunnels, bridges, snow sheds, or other track-related structures would be considered as track damage.

#### Q7. Do costs for re-railing equipment contribute to the total costs of the rail- equipment accident?

A7. This cost is part of the “cost of clearing wrecks,” which is generally excluded from the calculation of “reportable damage.” Chapter 2, page 20 of this Guide explains reportable damage.

#### Q8. A rail-equipment derailment occurred on railroad property in July. Only one car was damaged, with less than $50 of track damage. The railroad made a good faith estimate that the damage to the car was $4,000. FRA Form F 6180.97 was completed. The damaged railroad car was taken to a

**repair facility, but no repairs were made until 14 months later. During the repair, other damage related to the derailment was discovered, and now the event is reportable. Should the railroad file the late report? What other considerations should be made? Does the requirement for completing and mailing FRA Forms F6180.81 and F6180.78 for cases involving a human factor cause still apply?**

A8. The derailment should be reported to the FRA regardless of when the determination was made using the FRA Form F6180.54, “Rail Equipment Accident/Incident Report.” In the case of rail equipment accidents/incidents, the determination of whether the combined railroad equipment and track damage costs exceed the current threshold limit can be determined relatively promptly, and in most cases, sufficiently accurate. Typically, this is accomplished by estimates provided by qualified mechanical and track department supervisors on the individual railroads.

However, FRA does recognize that in some cases, the actual costs to repair a damaged piece of railroad equipment may greatly exceed the estimated cost, and this may elevate a previously non-reportable rail equipment accident over the threshold and become reportable at a later date. This is most likely to occur when a privately owned freight car is damaged and is sent back to the owner for repairs. In these cases, a report must still be prepared by the railroad company regardless of the time between date of the accident/incident, and the date when knowledge is received rendering the accident/incident reportable. A letter of explanation as to why the report is filed late must be submitted.

There are no provisions in the FRA Guide that would allow a railroad to dispense with the requirement for completing and mailing FRA Forms F6180.81 to FRA, and Part I of FRA Form F6180.78 to the appropriate employee(s) for cases involving a human factor cause that are late reported. The regulation and FRA Guide are clear with respect to the necessity that these forms be completed for all cases involving a human factor primary and/or contributing cause code. The fact that a rail equipment accident/incident is reported late does not in any way relieve the railroad from compliance with these provisions. Even if you should find, through mistake or otherwise, a reportable rail equipment accident/incident occurred 2 or even 3 years ago, and had not been previously reported, a late report is required by FRA. If that accident/incident involved a human factor primary and/or contributing cause code, then the completion of FRA Forms F6180.81 and F6180.78 would also still be required. Although the employee(s) involved may question the delay involved, the named employee(s) still will have the opportunity to offer any statement(s) concerning the validity of the railroad’s report. This is the intent of the regulation; that is, that the employee’s statement is made a part of the accident reporting process.

#### Q9. Our railroad had some historical equipment damaged, which cannot be repaired or replaced in-kind. The equipment is worth substantially more

**than the depreciated value. What should be used for the estimated equipment costs?**

A9. Antique value of passenger rail cars is very difficult to estimate. Railroads should attempt to discern a fair market price for the equipment that cannot be replaced.

#### Q10. If a system car is destroyed and the car is under 30 years of age, what method should be used to report damages: 1) the straight depreciated value of the car, or 2) the depreciated value, minus the scrap value, plus the dismantling costs?

A10. Only Item (1) can be used. Chapter 2 shows a straight-line method for depreciating destroyed equipment. Even with equipment that is 30 years old, there is a 10 percent value that would include the scrap value.

#### Q11. Our crew was shoving 29 cars into a yard track, and a member of the crew was on the ground for the purpose of protecting the shove. The crewmember failed to note that a switch was improperly lined. The lead car entered the adjacent track, striking a standing car, derailing it and the lead car of the shoving movement. What would be the proper method of cause assignment for this type of accident?

A11. There are detailed instructions found in Chapter 7 for completing Item 38, “Primary Cause Code,” and Item 39, “Contributing Cause Code,” on FRA Form F 6180.54, Rail Equipment Accident/Incident Report. These instructions are also applicable to entries into Item 28, “Primary Cause,” and Item 29, “Contributing Cause,” on FRA Form F 6180.97, Initial Rail Equipment Accident/Incident Report. Because the reporting of the proper cause codes is very important to accident analysis, the basic philosophy is that the best available cause code(s) must be used to describe the cause(s) of an accident.

In your case, it would appear that there are two cause codes that should be recorded. First, it would appear that the primary cause should be entered as H306, “Shoving movement, absence of man on or at leading end of movement,” or H307, “Shoving movement, man on or at leading end of movement, failure to control,” whichever is most applicable. Additionally, as a contributing cause, it would appear that Cause Code H702, “Switch improperly lined,” would be applicable to this accident. As you describe this accident, it would appear that an accident would not have occurred had the leading end of the movement been properly protected by the employee, and this would be the primary cause of the accident.

#### Common Reporting Errors

*Duplication of Information.* A railroad whose involvement in an accident is limited to track maintenance responsibility should mark all items relating to the equipment consist “N/A.” These items are numbers 8, 9, 10, 11, 24, 25, 26, 27, 28, 29, 31, 33, 34, 35, 36, 40, 41, 42, 43, 44, 45,

and 47. This information will be reported by the railroad responsible for the individual consist(s). A railroad that did not have track involved in the accident must not list the damage to the track.

Do not send in reports concerning a consist for which another railroad has reporting responsibility.

*Missing or Incomplete Reports.* Do not leave blank items on the form. If the value is unknown, an estimate should be used. If the item does not apply, “N/A” should be entered. If the correct response is “none,” a “0” should be inserted in the item.

An accident report must be made by all railroads involved, regardless of the extent of damage sustained by individual railroads.

When filing multiple reports for a single accident/incident, be sure to verify that the information contained on the various reports does not contradict itself. Of particular importance are such items as:

Item Contents

1. Date of Accident/Incident
2. Time of Accident/Incident
3. Type of Accident/Incident
4. State Abbr. [where the accident occurred]
5. County [where the accident occurred]

38 Primary Cause Code

If a Form FRA F 6180.55a or Form FRA F 6180.57 is also required for the accident, be sure to compare similar items between these additional forms.

If there were reportable casualties resulting from the accident, a line entry must be made on Form FRA F 6180.55a for each casualty. In highway-rail grade crossing accidents, the railroad responsible for the equipment consist that struck or was struck by the highway user must file a Form FRA F 6180.57.

Avoid contradictions on a single form by comparing related items. For example, it would be incorrect for a report to show more locomotives or cars derailed in a consist than were actually contained in that consist, as shown in Items 34 and 35. Similarly, if the report showed no conductors in Item 42, it would be inconsistent to show the conductor’s time on duty in Item 45.

1. **Form FRA F 6180.81 - Employee Human Factor Attachment**

#### Requirement

If, in reporting a rail equipment accident/incident on Form FRA F 6180.54, a railroad cites an employee human factor as the primary cause or a contributing cause of the accident; then the railroad that cited such employee human factor must complete the Form FRA F 6180.81, which is titled “Employee Human Factor Attachment.” The Employee Human Factor Attachment is to be attached to the Rail Equipment Accident/Incident Report to which it pertains. For purposes of completing this form, “employee” is defined as a Worker on Duty–Railroad Employee (Class A), Railroad Employee not on Duty (Class B), Worker on Duty–Contractor (Class F), and Worker on Duty–Volunteer (Class H). See §§ 225.5, 225.12.

This form is only used in connection with a reportable rail equipment accident/incident where the Form FRA F 6180.54 submitted to FRA identifies an employee human factor as either the primary or contributing cause of the accident.

#### General Instructions and Interpretations

Each employee identified on Form FRA F 6180.81 must be notified according to the instructions found in the section for preparing Form FRA F 6180.78 and on the back of that form.

If a reporting railroad makes allegations concerning the employee of another railroad, the employing railroad must promptly provide the name, job title, address, and medical status of any employee reasonably identified by the alleging railroad, if requested.

If a railroad is initially unable to identify a particular railroad employee responsible for causing the accident, but subsequently makes such identification, the railroad shall prepare a revised Form FRA F 6180.81 and forward it to FRA. In addition, a notification (Form FRA F 6180.78) must be sent to the identified employee within 15 days of the date the revised Employee Human Factor Attachment was prepared.

A railroad has reasonable discretion to defer notification of implicated employees on medical grounds.

If an implicated employee has died as a result of the accident, a notice addressed to that employee must not be sent to any person. If an implicated employee has died of any cause by the time that the notice is ready to be sent, no notice addressed to that employee is required.

If the reporting railroad has scheduled or is conducting a formal investigation of a rail equipment accident/incident to determine whether it was caused by an employee human factor. and if the investigation has not concluded prior to the filing of the regular monthly report, the railroad must, nonetheless, attach a Form FRA F 6180.81 to the Form FRA F 6180.54 to which it pertains. The following instructions apply in these situations:

1. In the “ Description” area of Form FRA F 6180.81, you are to explain that employee(s) have not been named because the railroad is awaiting results of the formal investigation. Indicate whether the formal investigation is currently in progress or the date that it is scheduled to begin.
2. After transmittal of such Form FRA F 6180.81, and when the formal investigation has been concluded for that rail equipment accident, the reporting railroad must promptly provide a “corrected copy” of FRA Form F 6180.81 for each implicated employee. Implicated employees are to be notified in accordance with instructions found in Section 8.2 of this Chapter.

The above provisions apply only when a formal investigation is scheduled or in progress and where the naming of an employee(s) on FRA forms prior to a railroad’s formal inquiry may give the appearance of “pre-judging” the guilt or innocence of the affected employee(s). If a railroad does not schedule a formal inquiry for a rail equipment accident/incident caused by an employee human factor, the standard provisions described in this chapter apply.

#### Submission

Form FRA F 6180.81 is to be attached to Form FRA F 6180.54 (when applicable). Form FRA F 6180.81 may be submitted via optical media (CD-ROM) or electronically, via the Internet, but must also be submitted in .pdf or .jpg file format.

1. **Form FRA F 6180.78 - Notice to Railroad Employee Involved in Rail Equipment Accident/Incident Attributed to Employee Human Factor: Employee Statement Supplementing Railroad Accident Report**

#### Requirement

For each employee whose act, omission, or physical condition was alleged by the railroad as the employee human factor that was the primary cause or a contributing cause of a reportable rail equipment accident/incident (as reported on Form FRA F 6180.54) and whose name was listed in the Employee Human Factor Attachment (Form FRA F 6180.81) for the accident, and for each such railroad employee of whose identity the railroad has actual knowledge, the alleging railroad shall:

1. Complete Part I, “Notice to Railroad Employee,” of Form FRA F 6180.78 with information regarding the accident, in accordance with the following instructions and those on the form; and
2. Hand-deliver or send by first-class mail (postage prepaid) the following to that employee within 45 days after the end of the month in which the rail equipment accident/incident occurred:
   1. A copy of Form FRA F 6180.78, “Notice to Railroad Employee Involved in Rail Equipment Accident/Incident Attributed to Employee Human Factor: Employee Statement Supplementing Railroad Accident Report,” with Part I completed as to the applicable employee and accident.
   2. A copy of the railroad’s Rail Equipment Accident/Incident Report and Employee Human Factor Attachment on the rail equipment accident/incident involved.
   3. If the accident was also reportable as a highway-rail grade crossing accident/incident, a copy of the railroad’s Highway-Rail Grade Crossing Accident/Incident Report on that accident. See § 225.12.

An “employee human factor” includes any of the accident causes signified by the train accident cause codes listed under “Train Operation–Human Factors” in the current FRA Guide, except for those train accident cause codes pertaining to non-railroad workers. For purposes of Form FRA F 6180.78 and for purposes of the definition of “employee human factor,” “employee” includes the following classifications:

1. Worker on Duty–Railroad Employee
2. Railroad Employee Not on Duty
3. Worker on Duty–Contractor
4. Worker on Duty–Volunteer

See § 225.5 for definition of employee human factor and § 225.12 for definition of employee and for substantive requirements.

This form is only used in connection with a reportable rail equipment accident/incident where the Form FRA F 6180.54 submitted to FRA identifies an employee human factor as either the primary or contributing cause of the accident.

##### *9.1.1 Employee Action upon Receipt of Notification*

Employee statements supplementing railroad accident reports are voluntary, not mandatory. The nonsubmission of a supplement does not imply that the employee admits or endorses the railroad’s conclusions as to cause or any other allegations. See § 225.12(g)(1).

Although a supplement is completely optional and not required, if an employee wishes to submit a supplement and ensure that, after receipt, it will be properly placed by FRA in a file with the railroad’s Rail Equipment Accident/Incident Report and that it will be required to be reviewed by the railroad that issued the notice, the supplement must be made on Part II of Form FRA

F 6180.78 (titled “Notice to Railroad Employee Involved in Rail Equipment Accident/Incident Attributed to Employee Human Factor; Employee Statement Supplementing Railroad Accident Report”), following the instructions printed on the form. These instructions require that, within 35 days of the date that the notice was hand-delivered or sent by first-class mail to the employee (except for good cause shown), the original of the supplement be filed with FRA and a copy be hand-delivered or sent by first-class mail to the railroad that issued the notice. The railroad will have to reassess its conclusions as to the cause of the accident and other circumstances, and file corrected reports with FRA concerning the accident, when appropriate. See § 225.12(g)(2).

Information that the employee wishes to withhold from the railroad must not be included in this supplement. If an employee wishes to provide confidential information to FRA, the employee should not use the supplement form (Part II of Form FRA F 6180.78), but rather provide such confidential information by other means, such as a letter to the employee’s collective bargaining representative, or to the Federal Railroad Administration, Office of Safety Assurance and Compliance, RRS-11, 1200 New Jersey Avenue, SE., Washington, DC 20590. The letter should include the name of the railroad making the allegations, the date and place of the accident, and the rail equipment accident/incident number. See § 225.12(g)(3).

If an employee chooses to submit a supplement to FRA, all of the employee’s assertions in the supplement must be true and correct to the best of the employee’s knowledge and belief.

See § 225.12(h).

1. **Forms FRA F 6180.57 - Highway-Rail Grade Crossing Accident/Incident Report & FRA F 6180.150 – Highway User Injury Inquiry Form**

#### Requirement

Any impact, regardless of severity, between railroad on-track equipment and a highway user at a highway-rail grade crossing site, is to be reported on Form FRA F 6180.57. The term “highway- rail grade crossing” means: (1) a location where a public highway, road, or street, or a private roadway, including associated sidewalks, crosses one or more railroad tracks at grade; or (2) a location where a pathway explicitly authorized by a public authority or a railroad carrier that is dedicated for the use of non-vehicular traffic, including pedestrians, bicyclists, and others, that is not associated with a public highway, road, or street, or a private roadway, crosses one or more railroad tracks at grade. The term “sidewalk” means that portion of a street between the curb line, or the lateral line of a roadway, and the adjacent property line or, on easements of private property, that portion of a street that is paved or improved and intended for use by pedestrians.

See § 225.5. The term “highway user” includes automobiles, buses, trucks, motorcycles, bicycles, farm vehicles, pedestrians, or any other mode of surface transportation motorized and un-motorized. In addition, the term highway user encompasses users of pathways explicitly authorized by a public authority or a railroad carrier that is dedicated for the use of non-vehicular traffic, and that is not associated with a public highway, road, or street, or a private roadway. All crossing locations within industry and rail yards, ports and dock areas are considered highway- rail crossings within the meaning of the term.

#### Additional Requirements

*Rail Equipment Accident/Incident Report, Form FRA F 6180.54*. If a highway-rail grade crossing accident/incident results in reportable damage greater than the current reporting threshold used for Rail Equipment Accident/Incident reporting, the railroad must also submit to FRA a Form FRA F 6180.54, “Rail Equipment Accident/Incident Report.” The reporting threshold for calendar years 2002–2005 is $6,700. The reporting threshold for calendar year 2006 is $7,700. The reporting threshold for calendar year 2007 is $8,200. The reporting threshold for calendar year 2008 is $8,900; and, for accidents that occur in calendar year 2010, the reporting threshold is $9,200. In these situations, the type of accident is to be coded as “Hwy-rail crossing” in Block 7 of Form FRA F 6180.54. See § 225.19(c). Refer to <http://safetydata.fra.dot.gov/OfficeofSafety>and click on “Click Here for Changes in Accident/Incident Recordkeeping and Reporting” for updated information.

*Railroad Injury and Illness (Continuation Sheet), Form FRA F 6180.55a*. If a highway-rail grade crossing accident/incident results in a reportable casualty, the railroad must also file a Form FRA F 6180.55a. See § 225.19 (d). A highway user who is involved in a highway-rail grade crossing accident/incident and is transported from the scene of a highway-rail grade crossing accident/incident to a medical facility via ambulance or other form of medical conveyance is presumed to have sustained an FRA reportable injury. Absent evidence to rebut this presumption, the railroad must report the injury to FRA on Form FRA F 6180.55a, “Railroad

Injury and Illness Summary (Continuation Sheet),” and show the injury on Block 46 on Form FRA F 6180.57. If the railroad later discovers that the highway user did not sustain a reportable injury, the railroad must notify FRA in accordance with the late reporting instructions. See

§ 225.13.

*Suicide*. If the impact between the railroad on-track equipment and a highway user occurred because the highway user committed or attempted to commit suicide (as determined by a coroner, public police officer, or other public authority) the highway-rail grade crossing accident/incident must be reported on Form FRA F 6180.57 and the death of or injury to, if reportable, that highway user must be reported to FRA on FRA Form F 6180.55a. See instructions for completing Blocks 41, 46, 49, and 52 under Section 10.4 below.

*Determination of Nature and Severity of a Highway-Rail Crossing Injuries*: In order to fulfill its responsibilities in determining the nature and severity of a highway-rail grade crossing injury and to accurately report such injury, a railroad must try to contact any potentially injured highway user involved in a highway-rail grade crossing accident/incident, or their representative, in writing and, if unsuccessful in obtaining the needed information, by telephone. If a highway user died as a result of the highway-rail grade crossing accident/incident, a railroad must not send this form to any person. In addition, the letter must be accompanied by a cover letter and prepaid/preaddressed envelope. See 10.7 below for complete instructions and Appendix N for a sample cover letter.

#### General Instructions and Interpretations

Any impact (including an impact due to the commission or attempted commission of a suicide, as determined by a coroner, public police officer, or other public authority), regardless of severity, between railroad on-track equipment and any highway user of a highway-rail grade crossing, is to be reported on Form FRA F 6180.57. Highway users include, but are not limited to, automobiles, buses, trucks, motorcycles, bicycles, recreational vehicles, farm vehicles, construction vehicles, roadway maintenance vehicles, pedestrians, and any other mode of surface transportation motorized or un-motorized.

*Location of Actual Impact.* Incidents involving highway users who have unsuccessfully attempted to avoid striking or being struck by railroad on-track equipment at a crossing site are to be reported, regardless of where the actual impact between the consist and the highway user occurred.

*U.S. DOT Grade Crossing Identification Numbers*. A Form FRA F 6180.57 must be completed for collisions/impacts between on-track equipment and users of highway-rail grade crossing sites, including crossing locations within industries or rail yards, ports and dock areas. The grade crossing must be identified on Form FRA F 6180.57 by its identification number, which is its

U.S. DOT Grade Crossing Inventory Number. The U.S. DOT Grade Crossing Identification Number means and is referring to the U.S. DOT Grade Crossing Inventory Number.

The U.S. DOT Grade Crossing Identification Number recorded in block 4 of Form FRA

F 6180.57 is a key element of this report and must be provided. If you are unable to obtain this

number from your railroad track or signal departments, or through the State Inventory Contact, then assistance may be obtained by contacting an FRA highway grade crossing manager at any of the regional offices found in Appendix G, or by calling (202) 493-6299 (refer to <http://safetydata.fra.dot.gov/OfficeofSafety>and click on “Click Here for Changes in Accident/Incident Recordkeeping and Reporting” for updated information). The same procedures are to be followed when an accident occurs at a crossing that is not a part of the U.S. DOT Crossing Inventory.

In the event of a highway-rail grade crossing accident at a new crossing without a U.S. DOT Grade Crossing Identification Number, a new number must be obtained from FRA by calling

1. 493-6299 (refer to <http://safetydata.fra.dot.gov/OfficeofSafety>and click on “Click Here for Changes in Accident/Incident Recordkeeping and Reporting” for updated information).

*Involvement of Other Highway Users in the Accident/Incident.* It is not necessary to complete additional FRA Form F 6180.57 reports for other highway users that become subsequently involved in an accident when they are on the same crossing approach. Report the first highway user involved in the accident. Briefly describe the accident and note any additional casualties or other vehicle damage in the narrative. A new Form FRA F 6180.57 report is required only if another highway user approaches the crossing from the opposite side and strikes or is struck by on-track equipment.

*Responsibilities of the Railroad Whose Involvement is Limited to Track Maintenance.*

FRA Form F 6180.57. A railroad whose involvement in a highway-rail grade crossing accident/incident is limited to track maintenance responsibilities is not to complete Form FRA F 6180.57. When the reporting railroad is different than the railroad maintaining the track, the railroad responsible for the track must be identified in Item 3a. Report number “XXX” is to be entered in Item 3b in these instances.

FRA Form F 6180.54. If the accident/incident satisfies the reporting requirements for rail equipment accidents (e.g., reportable railroad damage exceeds threshold), Form FRA F 6180.54 must also be completed by all railroads involved, including the railroad with track maintenance responsibility. See § 225.23(c).

*Unique Identifier.* Each accident/incident must have an identifying number that is unique for the report month. All forms used by a carrier to report a single event must use the same accident/incident number. Do not append additional characters on different forms for the same accident/incident. For example, if a railroad has two casualties resulting from an accident, do not report one casualty using the reporting number 12345, and the number 12345-A for the second. The reporting number must be exactly the same for both reports.

If actual data is not available when the report is due, estimated values are to be used. If it is later determined that an estimated value was significantly in error, a corrected report must be forwarded. See § 225.13.

All items must be filled in; do not leave items blank. Enter “N/A” for those items that do not apply to an accident. If “none” is the proper response for an item, for example, the number of cars in a consist, enter “0,” do not enter “N/A.”

*Closed Crossing.* If a highway-rail grade crossing is closed (see Chapter 2, Definitions, for the definition of a closed crossing), then the impact would not be classified as a highway-rail grade crossing accident, and the Form FRA F 6180.57 must not be submitted or completed. However, if the monetary threshold was exceeded, the Rail-Equipment Accident/Incident Report Form FRA F 6180.54 would be required. The “Type of Accident” is classified as an “Obstruction” if a vehicle travels on a road where the pavement has been removed (the road is closed) and attempts to cross the tracks and is struck by on-track equipment.

*Barricaded Crossing or Temporarily Closed Crossing.* Any impact at a barricaded or temporarily closed crossing is still reportable per Form FRA F 6180.57 requirements.

#### Instructions for Completing Form FRA F 6180.57

Item Instruction

1. Name of Reporting Railroad

Enter the full name of the reporting railroad.

1a. Alphabetic Code

Enter the reporting railroad’s code, found in Appendix A. (Railroads whose involvement in the accident/incident is limited to track maintenance responsibility are not to complete a Form FRA F 6180.57.)

1b. Railroad Accident/Incident [Number]

Enter a unique identifying number for the accident/incident being reported. All reports connected with this accident/incident must use the same reporting number. The report number may contain up to 10 numeric and/or alphabetic characters.

1. Name of Other Railroad or Other Entity Filing for Equipment Involved in Train Accident/Incident

If an equipment consist operated by another railroad or other entity was involved in the accident, enter the full name of that railroad. If more than one other railroad had a consist involved, list only one name.

2a. Alphabetic Code

Enter the code of the railroad identified in Item 2.

2b. Railroad Accident/Incident No.

Enter the reporting number used by the railroad shown in Item 2 to identify this accident/incident.

1. Name of Railroad or Other Entity Responsible for Track Maintenance

Enter the name of the railroad or other entity responsible for maintaining the track on which the accident/incident occurred.

3a. Alphabetic Code

Enter the code of the railroad identified in Item 3.

3b. Railroad Accident/Incident No.

Enter the reporting number used by the railroad shown in Item 3 to identify this accident/incident. If the railroad shown in Item 3 differs from the reporting railroad, and if the accident does not require that a Form FRA F 6180.54 be filed, then enter “XXX” as the accident/incident number. However, if the accident also requires that Form FRA F 6180.54 be completed, enter the number used on the rail equipment form by the railroad responsible for track maintenance.

1. U.S. DOT Grade Crossing Identification Number

Enter the U.S. DOT National Highway-Rail Crossing Identification Number assigned to the crossing involved. The U.S. DOT Grade Crossing Identification Number means and is referring to the U.S. DOT Grade Crossing Inventory Number. This field must contain this number before submitting the incident report. This number must be provided by the reporting railroad, regardless of who actually owns or maintains the track or the crossing site. This is also required for a crossing location within industries and rail yards, ports and dock areas, such as in a plant area owned by a private corporation or a railroad.

Contact the operating railroad to obtain the number. (It is strongly recommended that the Accident/Incident Report be compared with the U.S. DOT Inventory Report on FRA’s Web site to ensure that the correct crossing number has been identified and that the other data elements match.) Entering the term “NOT ASSIGNED” is not acceptable and the Form will be returned for completion with the correct information.

In the event that the subject crossing was never assigned a number, a new valid crossing number must be obtained from FRA. If an identification number has not been assigned to the crossing, a completed Inventory Report Form must be filed with the incident report. The new U.S. DOT Crossing Inventory Form can be obtained from FRA’s Office of Safety Web site (<http://safetydata.fra.dot.gov/> OfficeofSafety) or by calling (202) 493-6299. (For updated information refer to <http://safetydata.fra.dot.gov/OfficeofSafety>and click on the “Crossing” tab to query inventory. Existing crossing numbers can be obtained by contacting the FRA Washington Headquarters or searching FRA’s Web site.

There is only one exception for which an incident report will be accepted without an assigned number in this field. This is where the crossing was created to serve specific temporary activities for less than 6 months (such as for construction). In this case, enter “TEMP.”

1. Date of Accident/Incident

Enter the date the accident/incident occurred.

1. Time of Accident/Incident

Enter the time the accident/incident occurred, in the local time of the location where the accident/incident occurred, and check the appropriate “a.m.” or “p.m.” box. Do not use military time.

1. Nearest Railroad Station

Enter the name of the nearest timetable station. In event of accidents involving Amtrak, the host railroad’s nearest station will apply.

1. Subdivision

Enter the full name of the subdivision on which the accident occurred, i.e. the track owner’s subdivision name. If the railroad is not so divided, enter the word “System.” In the event of a joint accident involving Amtrak, the host railroad’s subdivision will apply.

Note: If the accident occurred in a major terminal and subdivision is not applicable, enter “terminal/yard name”

1. County

Enter the full name of the county or parish in which the accident/incident occurred.

1. State Abbr. Code

Enter the appropriate State code, found in Appendix B, for the State in which the accident occurred.

1. City

If the accident occurred within the jurisdiction of a city, town or hamlet, enter the full name of this location; otherwise, enter “N/A.”

1. Highway Name or Number

Enter the name or number of the highway or street involved. If the impact occurred at a public crossing, place an “X” or checkmark in the block titled “Public.” If at a private crossing, place an “X” or checkmark in the block titled “Private.”

1. Type [of Highway User Involved]

Select the code that best identifies the type of highway user involved in the accident/incident.

Note: If a pedestrian is identified in this item, then Items 14, 42, 44, 45, and 47 are to be coded “N/A.”

1. Vehicle Speed [of Highway User Involved]

List the estimated speed (mph) that the highway user was traveling at the time of impact. If the highway user was not a vehicle, enter “N/A”. If the vehicle was stopped on the crossing at the time of impact, enter “0.” The inclusion of a vehicle speed of 0 mph when the form elsewhere indicates that the vehicle was moving over the crossing or around the gate is prohibited.

1. Direction [of Highway User Involved]

Select the code that best describes the geographical direction in which the highway user was moving, and enter it in the box provided. If the highway user was stopped, identify the intended direction of travel.

Note: It is possible in some circumstances for the geographical direction of the highway user to be the same as the timetable direction of the railroad consist given in Item 31.

1. Position [of the Highway User Involved]

Select the code that best describes the position of the highway user at the time of impact, and enter in the code box. The codes are as follows: (1) Stalled or stuck on crossing; (2) Stopped on Crossing; (3) Moving over crossing; (4) Trapped on crossing by traffic; and (5) Blocked on crossing by gates. The fifth option, (5) “Blocked on crossing by gates,” applies to those situations in which a highway- user is prevented from leaving the crossing because the highway user is blocked- in by crossing gates.

Note: If the highway vehicle was stopped or stalled on the crossing at the time of impact, the speed given in Item 14 must be “0.”

1. Equipment [Rail Equipment Involved]

Select the code that best identifies the railroad equipment consist involved in the accident/incident and enter it in the box provided. (See definitions of types of rail equipment given in Chapter 2.) Note that on-track work equipment such as ballast tampers are classified as cars and, therefore, should be identified by using code “4” or “5.”

When completing this item, pay particular attention to its relationship to other items on the form to avoid contradictions. Some examples of contradictory responses are as follows:

* 1. If the description of a railroad equipment includes a reference to “pulling,” “pushing,” or “moving,” then train speed (“Consist Speed”) in Item 30 cannot be “0.”
  2. If the description states that the consist was “standing,” then speed in item 30 must be “0,” and Item 19 cannot indicate that the consist struck the highway user.
  3. If a train is identified, there must be a count of the number of locomotives given in Item 28. If the equipment consist was a single car or cut of cars, then Item 28 must be “0,” and the count of cars must be entered in Item 29.

The values of the codes are:

1. Train (units pulling)
2. Train (units pushing)
3. Train (standing)
4. Car(s) (moving)
5. Car(s) (standing)
6. Light loco(s) (moving)
7. Light loco(s) (standing)
8. Other (specify)
   1. Train pulling – RCL
   2. Train pushing – RCL
   3. Train standing – RCL
   4. EMU Locomotive(s)
   5. DMU Locomotive(s)
9. Position of Car Unit in Train [Rail Equipment Involved]

Identify the position within the consist of the first locomotive unit or car that struck or was struck by the highway user. The position is determined by counting from (and including) the leading locomotive unit or car to the position of the first car or locomotive involved in the accident. The leading unit is the first car or locomotive to enter the crossing, regardless of the location of the locomotive(s). For example, in a pushing movement involving a cut of cars and a single locomotive, the count would begin from the car that first entered the crossing.

Special Instruction: When the consist contains articulated car(s), the count for these is to be the number of platforms/units in such a car. This is necessary in order to maintain comparability of train lengths. The narrative is to contain a reference that articulated cars were included in the consist.

Note: If a single railroad car or locomotive was involved, or if the railroad consist struck the highway user (as shown in Item 19), then the entry in this item must be “1.”

1. Circumstance [Rail Equipment Involved]

Specify whether the railroad consist struck the highway user or was struck by the highway user. If the railroad equipment struck the highway user, be sure that item 17 does not refer to “standing” equipment, and that the speed of the on-track equipment is given in Item 30. If the highway user struck the railroad consist, be sure that the estimated speed of the highway vehicle given in Item 14 is greater than “0” and that the position of the highway user was coded “3” in Item 16.

20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials?

Enter the code that identifies whether or not the rail equipment and/or the highway user was transporting hazardous material as cargo at the time of the impact. For the rail equipment, this includes any car containing hazardous material cargo within the consist, regardless of location, but not generally the locomotive because diesel fuel used by the locomotive and fusees carried by the locomotive are not considered to be cargo. Highway users are to be identified only when the hazardous material is being transported as cargo; the gasoline or diesel fuel used by the vehicle’s engine is not considered to be cargo.

20b. Was there a hazardous materials (HAZMAT) release by

Enter the code into the box that shows if there was a hazmat release by the highway user and/or rail equipment. If there was no hazmat release by either of these, enter the code for “neither.” A release of gasoline or diesel fuel used by the vehicle’s engine is not considered a hazmat release for the purposes of this item. (Describe such occurrences in the narrative.)

20c. State here the name and quantity of the hazardous material released, if any Enter the name of the hazardous material released, followed by the quantity released. State the measure, for example, 50 gal[lons], 20 tons. Describe the hazardous material released in the narrative by name or the Standard Transportation Commodity Code (STCC). (Note: Any release of hazardous

material must also be reported on DOT form F 5800.1. See 49 CFR § 171.15 and

§ 171.16 for requirements.)

1. Temperature

Enter the temperature (Fahrenheit) at the accident site at the time of the accident. If the temperature was below zero, preface the temperature number with a minus (-) sign.

1. Visibility

Select the most appropriate entry, and place it in the code box. Make sure that the entry does not contradict the time given in Item 6; for example, if the time of the accident was 1:30 p.m., it would be inappropriate to code the visibility as “Dawn.”

1. Weather

Select the most appropriate weather condition at the time and location of the accident, and enter the code in the box provided.

1. Type of Equipment Consist

Select the code that best identifies the consist for which this report is being prepared, and enter it in the box provided. Make sure that this entry is consistent with the values given in Items 17, 28, and 29.

When this report is completed with an FRA Form F 6180.54, the “Type of Equipment Consist” (Item 24, FRA Form F 6180.57 and Item 25, FRA Form F 6180.54) must be the same in both reports.

* 1. Freight Train
  2. Passenger train – Pulling
  3. Commuter train – Pulling
  4. Work train
  5. Single car
  6. Cut of cars
  7. Yard/switching
  8. Light loco(s)
  9. Maint./Inspect. car
     1. Spec. MOW Equip.
     2. Passenger train – pushing
     3. Commuter train – pushing
     4. EMU
     5. DMU

1. Track Type Used by Rail Equipment Involved

Select the code that identifies the type of track on which the accident occurred, and enter it in the box provided. Branch lines should be reported as main line, code “1.”

1. Track Number or Name

Enter the number or name used to identify the track on which the accident occurred. If it is main track of a single-track line, enter “single main track.”

1. FRA Track Class

Enter the class of track on which the reported consist was located at the time of the accident. Classes of track are defined in the Federal Track Safety Standards

(49 CFR Part 213). See 49 CFR § 213.4 and § 213.9. Excepted track should be entered as Class X.

Maximum Speed

Track Freight Passenger

Class Trains Trains

|  |  |  |
| --- | --- | --- |
| X | 10 | Prohibited |
| 1 | 10 | 15 |
| 2 | 25 | 30 |
| 3 | 40 | 60 |
| 4 | 60 | 80 |
| 5 | 80 | 90 |
| 6 | 110 | 110 |
| 7 | 125 | 125 |
| 8 | 160 | 160 |
| 9 | 200 | 200 |

1. Number of Locomotive Units

Enter the total number of locomotive units in the consist involved in the accident; if none, enter “0.”

1. Number of Cars

Enter the total number of cars in the equipment consist involved in the accident; if none, enter “0.” Be sure to include any caboose(s) in the consist in this count.

See special instruction for Item 18 on counting articulated cars.

1. Consist Speed

List the speed (mph) at which the consist was traveling when the impact occurred. Enter “E” in the code box to indicate if this is estimated; or enter “R” for a recorded speed. If the consist was not moving, enter “0.”

1. Timetable Direction

If the consist was either moving or temporarily stopped, enter the code that describes the timetable or schedule direction in the box provided. If this equipment consist was a car or a cut of cars standing on the track, enter “N/A.”

1. Type of Crossing Warning

Identify the warning devices by entering the appropriate code(s) in the box(es). For codes “2” and “3,” “FLS” means “flashing light signal.” Enter a code of “5” (“Highway Traffic Signals”) whenever such a signal is present at the crossing site and is used for controlling highway traffic over the crossing.

1. Signaled Crossing Warning

Only if Codes 1-6 in Item 32 (Type of Crossing Warning) are selected, enter in this item the status of the warning devices at the crossing at the time of impact, using the following:

* 1. Provided minimum 20-second warning.
  2. Alleged warning time greater than 60 seconds.
  3. Alleged warning time less than 20 seconds.
  4. Alleged no warning.
  5. Confirmed\* warning time greater than 60 seconds.
  6. Confirmed\* warning time less than 20 seconds.
  7. Confirmed\* no warning.

\* Confirmed means that there is a physical record (e.g., event records, video tape or other tangible documentation). Confirmed warning time of more than 60 seconds is classified as a false activation.

If status code 5, 6, or 7 was entered, you must append a code from the following:

* + 1. Insulated rail vehicle.
    2. Storm/lightning damage.
    3. Vandalism.
    4. No power/batteries dead.
    5. Devices down for repair.
    6. Devices out of service.
    7. Warning time greater than 60 seconds attributed to accident- involved train stopping short of the crossing, but within track circuit limits, while warning devices remain continuously active with no other in-motion train present.
    8. Warning time greater than 60 seconds attributed to track circuit failure (e.g., insulated rail joint or rail bonding failure, track or ballast fouled).

1. Warning time greater than 60 seconds attributed to other train/equipment within track circuit limits.
2. Warning time less than 20 seconds attributed to signals timing out before train’s arrival at the crossing/island circuit.
3. Warning time less than 20 seconds attributed to train operating counter to track circuit design direction.
4. Warning time less than 20 seconds attributed to train speed in excess of track circuit’s design speed.
5. Warning time less than 20 seconds attributed to signal system’s failure to detect train approach.

P. Warning time less than 20 seconds attributed to violation of special train operating instructions.

1. No warning attributed to signal system’s failure to detect the train.
2. Other cause(s). Explain in Narrative Description.

Note: If the crossing site was not protected by train-activated warning devices, enter “N/A.”

1. Roadway Conditions

Enter the code that best describes the condition of the roadway at the crossing at the time of the incident. This differs from weather conditions. For example, while the weather may be clear at the time of the incident, the roadway may have snow or ice that could impact the highway user.

Roadway Conditions - Codes

1. Dry
2. Wet
3. Snow/slush
4. Ice
5. Sand, Mud, Dirt, Oil, Gravel
6. Water (Standing, Moving)
7. Location of Warning

Select the code that identifies the location of the crossing warnings shown in Item 32, and enter it in the code box. If there was no protection at the crossing, enter “N/A,” and enter a code of “12” in Item 32 for “None” (i.e., no warning).

1. Crossing Warning Interconnected with Highway Signals

If highway traffic signals within 500 feet of the crossing site are interconnected with the train detection circuitry, such that they restrict highway users from the crossing whenever a rail consist occupies or is about to occupy the crossing, enter “1.” If the highway traffic signals on the approach to the crossing are within 500 feet of the crossing but are not interconnected with the train detection circuitry, enter “2.” Enter “3” (unknown) in the code box only after consultation with the signal department responsible for track maintenance and a determination could not be made whether the highway traffic signals are interconnected. If highway signals are not present within 500 feet of the crossing, enter “N/A”.

Note: Item 32 identifies warning devices actually present at, or in the near vicinity of, the crossing. Therefore, it is possible to show highway traffic signals interconnected with train detection circuitry in this item, but not to enter a code of “5” in Item 32.

1. Crossing Illuminated by Street Lights or Special Lights

If street lights or other special lights used to illuminate the crossing site were on at the time of the accident/incident, enter “1.” If there were no such lights or if they were not illuminated at the time of the accident, enter “2.” While code “3” (unknown) is authorized, it can only be used after the railroad has made a diligent effort to discern this fact, and a determination could not be made.

1. Highway User’s Age

Enter the age of the highway user. This block is mandatory, unless the age is unknown as a result of the accident/incident being a hit and run.

1. Highway User’s Gender

Enter “1” if the highway user was a male, or “2” if the highway user was a female. This block is mandatory, unless the gender is unknown as a result of the accident/incident being a hit and run.

1. Highway User Went Behind or in Front of Train and Struck or was Struck by Second Train

Enter the appropriate entry in the code box.

1. Highway User Action

Enter the appropriate entry in the code box. If code “3” (“Did not stop”) is used, the vehicle must be shown as moving over the crossing in Item 16, and traveling at a speed greater than “0” in Item 14. In the event of a suicide, or attempted suicide, use code 8 regardless of whether other choices may be applicable.

* 1. Went around the gate
  2. Stopped and then proceeded
  3. Did not stop
  4. Stopped on crossing
  5. Other (specify)
  6. Went around/thru temporary barricade
  7. Went through the gate
  8. Suicide or attempted suicide

Note: If 6, Went around/thru temporary barricade, is selected due to the temporary closure of the crossing, explain in the narrative the circumstance of the

closure, e.g. the roadway was closed for repair of crossing surface, maintenance/testing of automated warning devices, or for other purposes. Additionally, explain how the closure was accomplished e.g.: roadway closed to traffic with jersey barriers (concrete traffic barriers) on both approaches, or roadway closed with construction barrels on easterly approach, etc. Code 5, Other (specify), should be selected, for example, for highway users who were shoved onto the track and who were then in a collision. Such accidents/incidents may be described in the narrative section.

1. Driver Passed Standing Highway Vehicle

Identify whether the highway user, immediately before the accident, had passed another vehicle that had stopped short of the crossing.

Note: If a pedestrian is identified in Item 13, then enter “N/A.”

1. View of Track Obscured by

If the highway user’s view approaching the crossing was obstructed to the extent that he or she may have been unaware that a rail consist was about to occupy or was occupying the crossing, enter the code that identifies the primary obstruction. If the highway user had a clear view of an approaching consist which had not yet occupied the crossing, enter code “8.”

1. Driver was [Condition After Accident/Incident]

Select the code that describes the extent of harm to the driver. If the driver was fatally injured or injured to the extent of requiring medical treatment, a line entry on Form FRA F 6180.55a must also be completed for this accident/incident. See

§ 225.19(d). If the driver committed or attempted to commit suicide (as determined by a coroner, public police officer, or other public authority) then the fatality or injury to that individual must be reported as a suicide data case, and Item 44 should also be completed for this case.

1. Was Driver in the Vehicle?

If the driver of the highway vehicle was in the vehicle at the time of impact, enter “1” in the code box. If the driver had left the vehicle prior to the impact, enter “2.”

1. [Casualties to] Highway-Rail Crossing Users

Enter the total number of reportable deaths and injuries (including suicides and attempted suicides). All deaths and injuries must also be reported individually on Form FRA F 6180.55a. A highway user who is involved in a highway-rail grade crossing accident/incident and is transported from the scene of a highway-rail grade crossing accident/incident to a medical facility via ambulance or other form of medical conveyance is presumed to have sustained an FRA reportable injury. See instructions on Railroad Injury and Illness (Continuation Sheet), Form FRA F 6180.55a at the beginning of this chapter.

Note: If the driver committed suicide, as determined by a coroner or other public authority, and the passenger was not a party to the suicide, then the driver should be shown as a suicide case, but the passenger injury would be reported as a regular case.)

Reportable casualties that resulted from suicides and attempted suicides, as determined by a coroner, public police officer, or other public authority, must be included in the casualty counts in boxes 46, 49, and 52, as applicable.

1. Highway Vehicle Property Damage

Enter the estimated cost of damages sustained by the highway vehicle involved. The amount given should reflect the cost of repairs. If the vehicle is beyond repair, the cost is the replacement value of the vehicle. If there was no damage to the vehicle, enter “0.” Do not make entries such as “totaled.”

1. Total Number of Vehicle Occupants (including driver)

Enter the total number of vehicle occupants involved in the incident (including driver, if applicable). Vehicle includes automobiles, buses, trucks, motorcycles, bicycles, farm vehicles, and all other modes of surface transportation, motorized and unmotorized. The vehicle occupants are those people in the vehicle at the time of impact.

1. [Casualties to] Railroad Employees

See instructions for block 46. For purposes of this form, “Railroad Employees” includes only those persons classified as Worker on Duty–Railroad Employee (Class A).

Reportable casualties that resulted from suicides and attempted suicides, as determined by a coroner, public police officer, or other public authority must be included in the casualty counts in boxes 46, 49, and 52, as applicable.

1. Total Number of People on the Train

Enter the total number of people on the train at the time of the incident (including passengers and train crew).

1. Is a Rail Equipment Accident/Incident Report Being Filed?

If the accident resulted in reportable railroad damage above the threshold established for reporting rail equipment accidents/incidents, enter “1” in code box, and complete Form FRA F 6180.54.

1. [Casualties to] Passengers on Train

See instructions for block 46. Passengers on trains are those identified as Class C.

Reportable casualties that resulted from suicides and attempted suicides, as determined by a coroner, public police officer, or other public authority, must be included in the casualty counts in boxes 46, 49, and 52, as applicable.

53a. Special Study Block - Recording of Accident/Incident

Indicate whether the highway-rail grade crossing accident/incident was recorded by a locomotive video recorder, by checking off either the "Yes", or "No" check box (for "Video Taken?"). If "Video Taken? is "Yes", indicate if the recording was used by the railroad (i.e., information gathered in viewing the recording was used) to complete the FRA Highway-Rail Grade Crossing Accident/Incident Report, by checking either the “Yes or "No” check box (for “Video used?"). For additional information on requirements related to locomotive event recorders, see 49 CFR 229.135 "Event Recorders."

53b. Special Study Block

The “Special Study Blocks” (SSB) in this item are for collection of essential data as the need arises. The FRA will notify the railroads in writing, or if appropriate, through publication in the Federal Register, of the purpose and the type of information that is to be collected. In conjunction with the Federal Highway Administration (FHWA), FRA will publish in the Federal Register any announcement affecting highway users, thus allowing motor carriers the opportunity to provide FRA pertinent special study information.

1. Narrative Description

An accident is frequently the culmination of a sequence of related events, and a variety of conditions or circumstances may contribute to its occurrence. A complete record of all of these is beneficial in accident prevention analysis.

However, it is not practical, even if it were possible, to develop forms and codes that would capture every detail that may be associated with the causes and resulting consequences of each accident. Therefore, the most appropriate combination of available codes that best identifies the likely primary and any contributing cause and other factors, is to be used when completing the railroad’s report.

The limitations imposed by standardized reporting forms make it critical that the narrative portion of the report provide additional information concerning those items that cannot be adequately described on the coded portions of the form. The wide variation in the causes and circumstances of accidents makes it impractical to prepare a comprehensive list of items to include in any discussion. The railroad should include any information that increases our knowledge of the underlying reasons why the accident occurred and its consequences. Simply entering, for example, "train struck vehicle at crossing xxx" does not provide additional insight into the causal factors of the incident.

In addition, a narrative description should not include personal identifiers, such as names, social security numbers, or payroll identification numbers.

1. Typed Name and Title

Type or print the name and title of the person responsible for preparing this report form.

1. Signature

Signature of the person shown in Item 55.

Note: If Form FRA F 6180.57 is to be submitted electronically, signature (Item

56) and date of signature (Item 57) are not required.

1. Date

Date the signature was made in Item 56. This is the date the form was initially completed.

#### Questions and Answers

**Q1. A man driving a truck did not see a train occupying a highway-rail grade crossing and lost control of his vehicle when he slammed on the brakes to avoid a collision. His truck ended up in the ditch with considerable damage, and he broke his arm. What reports need to be prepared?**

A1. Since an impact did not occur between a highway user and railroad on-track equipment at a highway-rail grade crossing, you do not need to prepare a highway-rail accident/incident report (Form FRA F 6180.57). However, the motorist did sustain a reportable injury arising from the operation of a railroad. Therefore, an injury report (Form FRA F 6180.55a) must be completed. If the motorist had struck the consist at the crossing using this example, a Form FRA F

6180.57 would be required even though the impact did not occur on the crossing site. If an injury report (Form FRA F 6180.55a) is completed for this case, the Event Circumstance Code should not be “32” Highway-rail collision/impact.

#### Q2. Say that a highway user struck a signal stand at a highway-rail grade crossing and was injured, but there was no on-track equipment present, nor were employees of the railroad in the vicinity. Is this reportable?

A2. No. Section 225.15(a) exempts the reporting of motor vehicle accidents at highway-rail grade crossings when they do not involve the presence of on-track equipment or railroad employees.

#### Q3. A motorist in an off-road vehicle was waiting behind several automobiles at a crossing site where the gates were down and a standing train was occupying the track. He apparently became impatient and drove his vehicle off the highway and parallel to the track to a point where he could cross over the track behind the train. His vehicle stalled on a parallel set of tracks, and he was unable to start it. He exited his truck just before a train on the adjacent

**track hit it. Should this be reported as a highway-rail grade crossing accident/incident or any other type?**

A3. An event such as this would not qualify as a highway-rail grade crossing collision since the motor vehicle operator had left the highway of his own choosing and his vehicle was struck at a location other than a designated crossing site. The event would be reportable as an obstruction accident on Form FRA F 6180.54 if reportable damage was in excess of the threshold. If the motorist had been hurt in connection with this event, then an injury report (Form FRA F 6180.55a) would need to be completed.

#### Q4. There was a collision between a train and an automobile at a highway-rail grade crossing. The driver was injured and taken by ambulance to a local hospital. Neither the hospital nor the driver would reveal the injuries to the railroad. Without knowing the injuries, the railroad cannot determine if the injury met the FRA’s reportability criteria. Is this injury reportable to FRA?

A4. FRA realizes that this type of case is difficult to report under these circumstances.

However, when an injury occurs at a highway-rail grade crossing, due to a collision with a highway user and on track equipment, and the injured highway- user is taken from the accident scene by an ambulance, then the injury is reportable unless there is documentation to prove that the injury did not meet the FRA’s reportability criteria. The injury must be shown on the Highway-Rail Grade-Crossing Accident/Incident Report Form FRA F 6180.57 and an injury report must be reported on the Railroad Injury and Illness Summary (Continuation Sheet) Form FRA F 6180.55a. If no injury information is available then the code “999” should be placed in block5i – Injury-Illness Code. The railroad would still be required to contact the highway user in writing (Form FRA F 6180.150) and by phone.

#### Common Reporting Errors

The most common reporting error is when crossing data reported on the Form FRA F 6180.57 does not match the information on file in the U.S. DOT National Crossing Inventory File. The reporting railroad should always check FRA’s Web site at [http://safetydata.fra.dot.gov/OfficeofSafety,](http://safetydata.fra.dot.gov/OfficeofSafety) and click on “Crossing” tab to query Inventory file to ensure that the information matches and is consistent. If the location, type of crossing, warning devices, etc., are different, the railroad reporting officer should check to see if the accident was reported at the correct crossing. If it was and the current Inventory information is outdated or incorrect, then an updated Crossing Inventory Report (Form FRA F 6180.71) should be filed with the Highway-Rail Crossing Accident Report.

*Contradictory Information.*

The following is a partial listing of some common errors resulting from contradictory information.

If a highway vehicle was moving at the time of the impact, vehicle speed in Item 14 cannot be “0,” and the vehicle’s position on the crossing shown in Item 16 must be “3” (“Moving over crossing”).

If the highway vehicle was not moving, the vehicle speed must be “0”; the position code in Item 16 cannot be “3” (“Moving over crossing”), and Item 19 must be “1,” indicating that the rail consist struck the highway user.

If the rail consist was moving at the time of the impact, Item 17 must be either “1,” “2,” “4,” “6,” or “8,” (or “A,” “B,” “D,” or “E”) and the speed in Item 30 cannot be “0.” If the rail consist was not moving, then Item 17 must contain “3,” “5,” “7,” or “8” (or “C,” “D,” or “E”); the consist speed in Item 30 must be “0”; and Item 19 must be coded “2,” indicating that the highway user struck the rail consist.

If the rail consist struck the highway user, code “1” must be entered in Item 19, and the position of the car/unit in the consist given in Item 18 must be “1.” This position is determined by counting from the leading car/unit in the consist, identified as the first car/unit to enter the crossing. Therefore, whenever a rail consist strikes the highway user, it will always be the leading unit that makes the initial contact.

Item 41 cannot indicate that a highway user went around or through gates if gates were not present at the crossing, as shown in Item 32.

*Failure to File Other Accident/Incident Forms or Filing Contradictory Data On Different Reports*.

When Part 225 requires that a single accident be reported on more than one kind of form, be sure to verify that similar information contained on the various reports is consistent. The following are a few of the items that should be reviewed prior to forwarding the monthly reports.

If reportable casualties occurred in the accident, these must be reported individually on Form FRA F 6180.55a.

If reportable damage (rail equipment and track) exceeded the threshold for train accidents, Form FRA F 6180.54 must be completed. Carefully compare all related information between these forms to ensure consistency.

The casualties reported on Form FRA F 6180.55a must have the same State code as that shown on Form FRA F 6180.57.

#### Requirements for Form FRA F 6180.150

The railroad is required to contact any highway user potentially injured in a highway-rail grade crossing accident/incident, or their representative, in writing and, if unsuccessful in obtaining the needed information, by telephone. Except that a railroad is not required to contact a highway user who has died as a result of the accident. The written correspondence should contain the

Form FRA F 6180.150, “Highway User Injury Inquiry Form,” a cover letter (see Appendix N for a sample cover letter) and a return envelope with postage and return address. The railroad shall complete Part I of Form FRA F 6180.150 and send the form with a cover letter to the potentially injured highway user.

With regard to the cover letter, the instructions contained in the final rule require that the letter contain the following:

* + An explanation of why the railroad is contacting the highway user;
  + An explanation of part 225’s accident/incident reporting requirements;
  + An explanation of how the form and any response will be used for part 225’s accident/incident reporting requirements;
  + An explanation that the highway user is not required to respond and that an response is voluntary;
  + An opportunity to correct incorrect information in Part I;
  + Identify and provide contact information for a person at the railroad who can answer questions with regard to the form;
  + Provide instructions on how to complete Part II; and
  + An explanation of how any medical records, if requested, personal identifying information or information will be handled.

The cover letter and Form FRA F 6180.150 are meant to be tools that allow the railroad to gather information and comply with part 225’s accident/incident reporting and recording requirements. As such, a railroad shall not require the highway user to provide any medical or personal information in order to report a casualty. The cover letter may ask the highway user to provide additional information but the cover letter should not mandate that the individual provide certain information in order for a railroad to comply with Federal reporting requirements. The purpose of this letter and the form is to collect enough information for the railroad to determine whether an individual suffered a reportable injury. Moreover, the cover letter and any communication for the purposes of part 225 shall remain separate from and not reference the railroad’s claims process in order to avoid confusion.

The railroad shall hand deliver or send by first class mail the letter and form (along with a prepaid and preaddressed return envelope) within a reasonable time period following the date of the highway-rail grade crossing accident/incident. A railroad shall keep a record of its efforts to contact a highway user and this record and documentation of any information obtained shall be available for review and copying by an FRA representative under the same criteria as set forth in

§ 225.35(b). This record includes, but is not limited to, retaining a copy of the Form FRA F

6180.150 and the accompanying cover letter, any response from the highway user and, when appropriate, a record documenting the date, time and content of the follow-up call. Moreover, the railroad must retain a copy of this record for a period of 5 years. See § 225.27.

For the highway user, Form FRA F 6180.150 is voluntary, not mandatory. FRA acknowledges that there will be situations in which a passenger cannot be reached even though a railroad contacts the person in writing and by telephone. Other times a passenger will refuse to provide

any information even though a railroad clearly explains the Federal reporting requirements and the reason for soliciting information. In those cases, a railroad is still responsible for deciding whether, considering all of the circumstances, the passenger suffered a reportable injury. The railroad’s ability to make a reporting decision is not contingent upon the highway user’s response. The railroad must reconsider that determination if new or additional information is later acquired. Moreover, if a highway user completes Part II, or provides additional information during a telephone call, the railroad will be responsible for determining whether based on the circumstances that the person suffered a reportable injury or illness.

A railroad may terminate their investigation after calling and mailing the individual. The inquiry requirement does not place a timeframe on the amount of follow-up the railroad is required to perform. Except that the railroad should initiate the inquiry within a reasonable time period after the highway-rail grade crossing accident/incident.

#### 10.8 Instructions for Completing Form FRA F 6180.150

Item Instruction

#### PART I - Highway Rail-Grade Crossing Accident/Incident

1a. Date of Accident/Incident

Enter the date the accident/incident occurred. This should come from Form FRA F 6180.57, Item 5.

1b. Time of Accident/Incident

Enter the time the accident/incident occurred and check the appropriate “a.m.” or “p.m.” box. Do not use military time. This should come from Form FRA F 6180.57, Item 6.

2a. Name of Railroad

Enter the full name of the railroad. This should come from Form FRA F 6180.57, Item 1, Name of Reporting Railroad.

2b. Alphabetic Code

Enter the code for railroad entered in 2a. This should come from Form FRA F 6180.57, Item 1a.

1. Railroad Accident/Incident Number

Enter the reporting number used by the railroad shown in Item 2a to identify this accident/incident. This accident/incident number should come from Form FRA F 6180.57, Item 1b.

1. U.S. DOT Grade Crossing Identification Number

Enter the U.S. DOT National Highway-Rail Crossing Inventory Identification Number assigned to the crossing involved. This is the U.S. DOT Grade Crossing Identification Number found on Form FRA F 6180.57, in Item 4, for this

accident/incident. Grade crossing Identification Number means, and includes, the

U.S. DOT Grade Crossing Inventory Number.

1. Highway Name or Number

Enter the name or number of the highway or street involved. This is the Highway Name or Number found in Item 12 of Form FRA F 6180.57.

1. City

If the accident occurred within the jurisdiction of a city, town, or hamlet–enter the full name of this location; otherwise, enter “N/A.” This should come from Form FRA F 6180.57, Item 11.

1. County

Enter the full name of the county or parish in which the accident/incident occurred. This should come from Form FRA F 6180.57, Item 9.

1. State Abbr.

Enter the appropriate State code, for the State in which the accident occurred. This should come from Form FRA F 6180.57, Item 10.

#### PART II - Highway User Injury Inquiry Form

Part II is to be completed by the Highway User. Instructions for completing this part should be included in the cover letter (see sample cover letter in Appendix N).

1. **Form FRA F 6180.56 - Annual Railroad Report of Employee Hours and Casualties, by State**

#### Requirement

A summary of all hours worked by railroad employees, and employee casualties, during the report year must be made on Form FRA F 6180.56 and be included with the December submission.

#### General Instructions and Interpretations

To alleviate the recordkeeping problems caused when certain employees, such as train crews, work in more than one State, the hours worked may be computed based on the location of such persons’ home terminals or the locations where they normally reside. This includes instances when railroad employees operate trains into Canada or Mexico.

The sum of the hours worked shown on this form must equal the total number of hours reported on the monthly reports (Form FRA F 6180.55). If not, then updates to the monthly reports must be made. The hours worked by all employees of the railroad, regardless of occupation, are to be included. Non-work time, such as sick leave, is to be omitted even though it is paid. Do not include hours of volunteers, the employees of railroad contractors, or other classifications of persons.

The total casualties reported for the year on this form must not differ from the total casualties for the year as reported on Form FRA F 6180.55a for Worker on Duty–Railroad Employees (Class A). Do not include casualties of volunteers, the employees of railroad contractors, or other classifications of persons.

#### Instructions for Completing Form FRA F 6180.56

Item Instruction

1. Reporting Railroad

Enter the full name of the reporting railroad in the box provided.

1. Alphabetic Code

Enter the alphabetic code of the reporting railroad in the box provided. See Appendix A.

1. Report Year

Enter the calendar year covered by this report.

1. Establishments Included in this Report

List the number of establishments operated during the year.

1. Average Employment in Report Year

Enter the average number of workers employed during the report year. Count all railroad employees. Include railroad employees who are seasonal, temporary, part-time, office and clerical staff, maintenance, etc. This number may be calculated by adding the employment count from all payroll periods during the year and then dividing that figure by the number of payroll periods.

1. State/Employee Hours/Casualties

Enter the number of hours worked for the report year in each State by employees of the reporting railroad. Also enter the total count of casualties for Worker on Duty–Railroad Employees (Class A), both fatal and nonfatal, for the reporting railroad, for the year, by State.

Do not include time paid, but not actually worked, such as holidays and vacations.

1. Total Employee Hours for the Year

Enter the total number of combined hours worked for the report year, for all of the States, by employees of the reporting railroad. Include hours of any employee whose job required temporary absence from the United States.

1. Total Casualties During the Year

Enter the total number of casualties to persons classified as Worker on Duty– Railroad Employee (Class A). Please attach a brief explanation for those States where employee casualties occurred but no hours are reported. All casualties, including covered data cases reported as codes A, R, or P are to be included; however, covered data cases reported as X (for suicides or attempted suicides, as determined by a coroner or other public authority) are not to be included in the Total Casualties During the Year.

1. Typed Name and Title

Enter the name and title of the person responsible for preparing this report.

1. Signature

Signature of the person shown in Item 9.

1. Date

Date that the signature in Item 10 was made. This is the date the record was initially completed.

1. **Supplemental Information: Contractors; Commuter and Other Passenger Rail Operations**
   1. **General**

Title 49 CFR Part 225 accident/incident reporting regulations apply to all railroads (including commuter and other passenger rail operations) unless specifically excepted under

§ 225.3.

FRA has a specific need to know of accidents, injuries, accident rates and injury rates of passenger and commuter operations. This has created a special recordkeeping environment to allow FRA to determine the safety record of each commuter railroad.

#### Contractors

##### *Contractors – non-railroad employees*

Often a railroad will hire a contractor to perform certain tasks for the railroad. FRA identifies two types of Contractor: Worker On Duty–Contractor, and Contractor–Other. Both of these categories are for persons who are not employed by any railroad and are not covered by the Railroad Retirement System. If a contractor is injured performing safety-sensitive functions, then the contractor injury is to be reported to FRA on Form FRA F 6180.55a as Worker On Duty–Contractor (Class F). If a contractor is injured performing non-safety sensitive functions, then the contractor injury is to be reported to FRA on Form FRA F 6180.55a as Contractor- Other.

For example, an employee of a contractor is performing safety-sensitive functions for a passenger railroad. The employee sustains an FRA reportable injury. The passenger railroad must report this injury (under the passenger railroad’s unique code/identifier) to FRA on Form FRA F 6180.55a as an injury to a Worker on Duty–Contractor.

However the hours worked by contracted employees are not reported on Form FRA 6180.55, in Block 15, “Railroad Worker Hours.” Reportable injuries to contractor employees are reported to FRA by the contracting railroad and to OSHA by the employing contractor.

##### *Contractors – railroad employees*

FRA identifies two types of railroad employees: Worker on Duty (Class A) and Employee not on Duty (Class B). Both of these categories are for persons who are employed by a railroad and are covered by the Railroad Retirement System. Contracted employees who are employees of a contracted railroad and are covered by the Railroad Retirement System are considered railroad employees **of the contracting railroad** for purposes of FRA accident/incident reporting.

For example, an employee of a contracted railroad who is performing service for a passenger railroad is considered a Worker on Duty (Class A) of the passenger railroad for the purpose of accident/incident reporting, even though the worker is actually employed by the contracted railroad. Accordingly, the passenger railroad must report to FRA, under the passenger railroad’s

code/identifier, the hours the contracted railroad employee worked in block 15, “Railroad Worker Hours,” of the passenger railroad’s Form FRA F 6180.55 report to FRA as Worker on Duty – Employee (Class A). Accordingly, the hours worked by, and any injury to, the contracted railroad employee are not to be reported to the FRA by the employing railroad under Part 225.

Note that when determining whether a railroad qualifies for partial relief from the recordkeeping requirements under § 225.3(c)(1), a railroad should not include contract employees (railroad or non-railroad) when determining if the railroad has 15 or fewer employees covered by the hours of service law.

#### Train Operations

##### *Performed by Railroad*

Many passenger railroads perform their own train operations; these railroads should report their accidents and incidents using the normal procedures in this Guide.

“Passenger railroad” includes commuter, excursion, tourist, or any other form of railroad transporting passengers.

##### *Performed by Contractor*

When a railroad’s operations are performed by a contractor (e.g., another railroad or transportation company), the contracting railroad still must report to FRA all accidents and incidents discernibly caused by an event or exposure arising from the operation of the contracting railroad, on the appropriate FRA forms, as well as report to FRA train-miles, railroad worker hours, passenger train-miles, and other applicable information on the FRA Form F 6180.55, even though railroad operations conducted in part or wholly by contracted employees.

*Example.* Commuter Railroad A has contracted with Freight Railroad B to have Freight Railroad B perform all of Commuter Railroad A’s train operations. Commuter Railroad A must report to FRA, under Commuter Railroad A’s name and railroad code/identifier, all accidents and incidents arising from Commuter Railroad A’s railroad operations, even though the operations are actually conducted by employees of Freight Railroad B. This includes the reporting of injuries and illnesses to Freight Railroad B’s employees that are discernibly caused by events or exposures arising out of the Commuter Railroad A’s operations, since Freight Railroad B’s employees are railroad employees and are covered by the Railroad Retirement System. Note that Commuter Railroad A must report the contracted hours worked by Freight Railroad B employees on its monthly Form FRA 6180.55 report, in block 15 “Railroad Worker Hours.”

*Example*. Commuter Railroad A has contracted with Company X to perform certain safety- sensitive service. Commuter Railroad A must report to FRA, under Commuter Railroad A’s name and railroad code/identifier, all accidents and incidents arising from Commuter Railroad A’s railroad operations, even though some of the operations are actually conducted by employees of Company X. This includes the reporting of injuries to Company X’s employees that are discernibly caused by an event or exposures arising out of Commuter Railroad A’s

operations. Note that Commuter Railroad A must not report the contracted hours worked by Company X employees on its monthly Form FRA 6180.55 report, in block 15 “Railroad Worker Hours.”

*Example.* Commuter Railroad A has contracted with Freight Railroad B to have Freight Railroad B perform all of Commuter Railroad A’s train operations, including the filing of Commuter Railroad A’s accident/incident reports with FRA. Freight Railroad B must report to FRA, under Commuter Railroad A’s name and railroad code/identifier, all accidents and incidents discernibly caused by an event or exposure arising from Commuter Railroad A’s railroad operations, even though the operations are actually conducted by employees of Freight Railroad B. Note that under such circumstances, the contracting railroad (Commuter Railroad

A) is ultimately responsible to ensure that its operations comply with Part 225. Accordingly, any enforcement action taken by FRA for noncompliance with Part 225’s requirements (reporting or otherwise) will be against the contracting railroad (Commuter Railroad A), even if the incident of noncompliance was due to an act or omission of the contracted railroad (Freight Railroad B).

##### *12.3.3 Form 6180.55*

As a railroad subject to Part 225, each passenger railroad must submit to FRA monthly a Form FRA 5180.55 report using an identifier unique to that passenger railroad operation. If you are a contractor who is has been contracted to perform operations for a passenger railroad, all accident/incident information associated with the operation of the passenger railroad must be reported to FRA under the reporting code/identifier of the passenger railroad. This includes all operational data, e.g., train miles, railroad worker hours, passengers transported, passenger train- miles of the passenger railroad. “Railroad worker hours” (Block 15 on Form FRA 6180.55) must include hours worked by railroad employees. This includes hours worked by employees of the passenger railroad and hours worked by employees of other railroads (who are covered by the Railroad Retirement System) as contractors for the passenger railroad. Hours worked by contractors who are not railroad employees are not included.

*Trackage Maintenance and Repair – Reporting “Railroad Worker Hours,” Block 15 on Form FRA F 6180.55.*

If the trackage over which a passenger railroad operates is owned by the passenger railroad and maintained by employees of the passenger railroad, then railroad worker hours related to the repair and maintenance of the track must be reported to FRA under the reporting code/identifier of the passenger railroad.

If the trackage over which a passenger railroad operates is owned by the passenger railroad, but maintained by non-railroad employees of a contractor to the passenger railroad, then the railroad worker hours related to the repair and maintenance of the track are not to be reported to FRA.

If the trackage over which a passenger railroad operates is owned by the passenger railroad, but maintained by railroad employees of another railroad, who perform the track maintenance for the passenger railroad under contract, then the railroad worker hours (of the contracted railroad employees) related to the repair and maintenance of the track must be reported to FRA under the reporting code/identifier of the passenger railroad.

If the trackage over which the passenger railroad operates is owned and maintained by a railroad other than the passenger railroad, then worker hours related to the maintenance of the track is not to be reported to FRA by the passenger railroad.

(See the discussion on Contractors, in section 12.2 of this Guide.) If the track is solely for the purpose of the commuter/passenger system, then all hours associated with the repair and maintenance must also be included under the “Employee Hours” category.

##### *12.3.4 Form 6180.55a*

In addition to other reportable injuries, railroads are required to report to FRA deaths, injuries, and occupational illness of railroad employees. Railroad employees are those employees that work for a railroad and are covered by the Railroad Retirement System. In the case of contracted railroad employees, contracting railroads must include in their Railroad Injury and Illness Summary (Continuation Sheet) FRA Form F 6180.55a reports to FRA deaths, injuries, and occupational illnesses of all railroad employees, this means both the contracting railroad’s employees as well as the contracted railroad’s employees. The railroad employees should be reported as Worker On Duty – Railroad Employee (Class A) and Railroad Employee Not On Duty (Class B). It is the contracting (i.e., reporting) railroad’s responsibility to insure that the contracted railroad notifies the contracting railroad of all reportable and accountable injuries to its employees.

##### *12.3.5 Form 6180.54*

If a railroad carrier contracts the performance of its operations out to another railroad, the contracting railroad carrier still must report all reportable rail equipment accidents/incidents on Form FRA F 6180.54, “Rail Equipment Accident/Incident Report” under the contracting railroad’s own unique identifier/code. The contracting railroad is responsible for insuring that the contracted railroad notifies the contracting railroad of the occurrence of all reportable rail equipment accidents/incidents. If the contracting railroad has the contracted railroad perform its accident/incident reporting function, the contracting railroad is still responsible for ensuring accurate reporting.

##### *12.3.6 Form 6180.57*

If a railroad carrier contracts the performance of its operations out to another railroad, the contracting railroad carrier still must report all reportable highway-rail grade crossing accidents/incidents on Form FRA F 6180.57, “Highway-Rail Grade Crossing Accident/Incident Report,” under the contracting railroad’s own unique identifier/code. The contracting railroad is responsible for insuring that the contracted railroad notifies the contracting railroad of the

occurrence of all highway-rail grade crossing accidents/incidents. If the contracting railroad has the contracted railroad perform its accident/incident reporting function, the contracting railroad is still responsible for ensuring accurate reporting.

1. **Form FRA F 6180.107 - Alternative Record for Illnesses Claimed to be Work-Related**

#### Purpose

The purpose of this form is to report railroad employee-claimed occupational illness where the process of gathering the information is not available in traditional processing, e.g., a class action law suit or other unusual circumstances. The Form FRA F 6180.98 should be used for recording occupational illness whenever the normal flow of information is available to complete the form, regardless of determination of work relationship. The narrative of the Form FRA F 6180.107 can state that the case is in dispute with the germane facts and qualified reasons.

FRA requires the recording of these cases to establish an audit trail for employee occupational illness cases that come to the attention of the railroad through blind lawsuits and have insufficient information to complete a Form FRA F 6180.98. It also serves as a tool for FRA Safety Assurance and Compliance officers to use during reviews to determine if proper reporting decisions are being made.

#### Provision

Each railroad may maintain a Form FRA F 6180.107, or alternate railroad-designed record in place of a Form FRA F 6180.98, only for those claimed occupational illnesses for which the railroad has not received, from the employee or their representative, information sufficient to determine whether the occupational illness is work-related.

When a railroad does not receive information sufficient to determine whether a claimed occupational illness case is accountable or reportable, the railroad shall make a good faith effort to obtain the necessary information by December 1 of the next calendar year.

The alternative railroad-designed record may be used in lieu of the Alternative Record for Illnesses Claimed to Be Work-Related (Form FRA F 6180.107). Any such alternative record shall contain all of the information required on the Alternative Record for Illnesses Claimed to Be Work-Related. Although this information may be displayed in a different order from that on the Alternative Record for Illnesses Claimed to Be Work-Related, the order of the information shall be consistent from one such record to another, and the order chosen by the railroad shall be consistent for each of the railroad’s reporting establishments. Railroads may list additional information on the alternative record beyond the information required on the Alternative Record for Illnesses Claimed to Be Work-Related.

*Time limit to record initial claim of occupational illness.* Each railroad shall enter each illness claimed to be work-related on Form FRA F 6180.107 (or alternative record) as early as practicable, but no later than 7 working days after receiving information or acquiring knowledge that an employee is claiming they have incurred an occupational illness.

*Time limit to record additional information regarding a claim of occupational illness.* Within fifteen calendar days of receiving additional information regarding a claimed occupational illness case, each railroad shall document receipt of the information, including date received and type of document/information received, in narrative block 19 of Form FRA F 6180.107.

*Time limit to re-evaluate record initial claim of occupational illness after receiving additional information.* Within forty-five calendar days of receiving additional information regarding a claimed occupational illness, each railroad shall re-evaluate the claimed occupational illness to determine work-relatedness, taking into account the new information, and document any findings resulting from the re-evaluation in narrative block 19 of Form FRA F 6180.107.

*Cases determined to be reportable.* Once it has been determined that a particular case is accountable or reportable, the railroad must record the information on Form FRA F 6180.98 within 7 days of the date the determination is made; retain the Railroad Employee Injury and/or Illness Record in accordance with § 225.27; and report the occupational illness, as applicable, in accordance with § 225.11. Once a case is reported on Form FRA F 6180.55a, it is no longer necessary to continue to update the Form FRA F 6180.107 or the Form FRA 6180.98. If the case is reported, changes to counts of days absent or restricted are to be made on Form FRA

F 6180.55a, not on Form FRA F 6180.107 or Form FRA F 6180.98.

*Cases determined NOT to be reportable.* Once it has been determined that a particular case is not accountable or reportable, the railroad shall include the following information in narrative block 19 of Form FRA F 6180.107: 1) why the case does not meet reporting criteria; 2) the basis upon which the railroad made this determination; and 3) the most authoritative information the railroad relied upon to make the determination.

*Alternative record.* The alternative record shall contain all of the following information, to the extent that it is reasonably available:

1. Name of Reporting Railroad
2. Case/Incident Number (The Case/Incident Number identified in block 2 must be used on Form FRA F 6180.98 and Form FRA F 6180.55a for any case determined to be accountable or reportable)
3. Employee’s Name (first, middle, last)
4. Employee’s Date of Birth (mm/dd/yy)
5. Employee’s Gender
6. Employee Identification Number
7. Date Employee was Hired (mm/dd/yy)
8. Employee’s Home Address (Include street address, city, State and Zip code)
9. Employee’s Home Telephone Number (with area code)
10. Name of Facility Where Railroad Employee Normally Reports to Work
11. Location, or Last Known Facility, Where Employee Reports to Work
12. Job Title of Railroad Employee
13. Department to Which Employee is Assigned
14. Date on Which Employee or Representative Notified Company Personnel of Condition (mm/dd/yy)
15. Name of Railroad Official Notified
16. Title of Railroad Official Notified
17. Nature of Claimed Illness
18. Supporting Documentation

18a. Custodian of Documents (Name, Title, and Address)

18b. Location of Supporting Documentation (Although the Alternative Record for Illnesses Claimed to be Work-Related, or the alternate railroad-designed form, may not include all supporting documentation, such as medical records, the record shall note the custodian of those documents and where the supporting documents are located so that they are readily accessible to FRA upon request)

1. Narrative
2. Preparer’s Name
3. Preparer’s Title
4. Preparer’s Telephone Number (with area code)
5. Date the record was initially signed/completed (mm/dd/yy)

#### Questions and Answers

**Q1. The only information provided to the railroad was the employee’s name and Employee ID Number. Further attempts to complete the other data elements were rejected by the employee and/or his or her attorney. Does this meet FRA requirements?**

A1. Yes. The railroad should continue to complete all the data elements when the information becomes available and should make a good faith effort to obtain the information. However, the railroad is not expected to continue this effort past December 1 of the year that follows the date on which the railroad first received a claim of the illness.

#### Q2. The employee reported that he/she has some pain in hand/arm area due to carpal tunnel syndrome and that the job environment caused and/or aggravated the condition. The company’s PLHCP has determined the employee does not have carpal tunnel, and that the employee’s condition was not related to railroad employment. Should the Form FRA F 6180.107 be used?

A2. No. The Form FRA F6180.98 should be used with an appropriate explanation of the PLHCP’s diagnoses. This case should be treated no differently than a reported injury that the PLHCP determined to be not reportable. The Form FRA F 6180.107 is used when the information in not available, i.e., telephone number, job title, (other required fields on the Form FRA F 6180.98) are not available to the railroad, the provisions of the Form FRA F 6180.107 allow the railroad additional time to compile the information due to extenuating circumstances.

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Appendix I Model Internal Control Plans, Including Model Statement of Policy Against Harassment and Intimidation and Model Complaint Procedures

Appendix J Instructions and Codes for Completing “Type of Territory” (Block 30) on the Rail Equipment Accident/Incident Report (Form FRA F 6180.54)

Appendix K Electronic Submission of Reports to FRA Appendix L 49 CFR Part 225

Appendix M Telephonic Reporting Chart

Appendix N Sample Cover Letter for Form FRA F 6180.150, “Highway User Injury Inquiry Form.”

**APPENDIX A**

**Railroad Codes**

The following list is subject to change. For updates, please refer to: <http://safetydata.fra.dot.gov/OfficeofSafety/publicsite/downloads/auxrr.aspx>

ABRX ABRX

XADC ADM Corp

XAMD ADM Destrehan

AN AN Rwy LLC

ASRQ AS&R Mine

AR Aberdeen & Rockfish RR Co. ACWR Aberdeen, Carolina & Western RR AVSX Abilene & Smokey Valley RR

AKDN Acadiana Rwy Co.

ADCX Adirondack Scenic RR

ADBF Adrian & Blissfield RR

ALT Airlake Term. Rwy Co.

AB Akron Barberton Cluster Rwy Co.

AF Alabama & Florida Rwy Co.

AGR Alabama & Gulf Coast Rwy LLC

ATN Alabama & Tennessee River Rwy LLC

ALAB Alabama RR Co., Inc.

ABS Alabama Southern RR ABWR Alabama Warrior Rwy, LLC ABL Alameda Belt Line

ATAX Alameda Corridor Transportation Authority AGCR Alamo Gulf Coast RR Co.

ARR Alaska RR Corp.

AERC Albany & Eastern RR Co.

APRR Albany Port RR

APR Alberta Prairie Rwy

ARC Alexander RR Co.

AOR Aliquippa & Ohio River RR Co.

AVR Allegheny Valley RR Co.

ATR Alliance Term. RR LLC

ACEX Altamont Commuter Express Authority ALS Alton & Southern Rwy

AFR Amador Foothills RR

ARDJ American Rail Dispatching Center

AMHR Amhearst RR Industries, Inc./Landisville RR ATK Amtrak

ACRC Andalusia & Conecuh RR Co., Inc. ANR Angelina & Neches River RR Co.

AA Ann Arbor RR

APA Apache Rwy Co.

AO Appalachian & Ohio RR

APNC Appanoose County Community RR Co. ARA Arcade & Attica RR Corp.

ARZC Arizona & California RR Co.

AZCR Arizona Central RR, Inc.

AZER Arizona Eastern RR

AM Arkansas & Missouri RR Co.

ALM Arkansas Louisiana & Mississippi RR Co. AKMD Arkansas Midland RR Co., Inc.

ARS Arkansas Southern RR

AOK Arkansas-Oklahoma RR Inc.

ASRY Ashland Rwy Inc.

ACJR Ashtubula, Carson & Jefferson RR ARFT Astoria Riverfront Trolley

ABR Athens Line LLC, The

ATW Atlantic & Western Rwy, L.P.

ATCX Austin & Texas Central RR

AUAR Austin Area Term. RR

AWRR Austin Western RR

ATLT Austin, Todd & Ladd RR Co.

BHX B&H Rail Corp

BGCM BG & CM RR

BNSF BNSF Rwy Co.

BNNS BNSF-NSCR

BJRR Baja California RR Inc.

BDTL Ballard Term. RR Co LLC

BRS Baton Rouge Southern RR

BKRR Batten Kill RR

BYCX Battleground, Yacolt & Chelatchie Prairie RR BXN Bauxite & Northern Rwy Co.

BCR Bay Coast RR

BCLR Bay Colony RR

BAYL Bay Line RR, L.L.C., The

BLRR Bee Line RR, Inc.

BEEM Beech Mountain RR Co.

BML Belfast & Moosehead Lake RR Co.

XBLI Bell Inc.

BRC Belt Rwy Co. of Chicago

BGKX Belton Grandview and Kansas City RR Co. SHRX Belton, Grandview and Kansas City Rwy BCRY Berkshire Scenic Rwy Museum, Inc.

BLE Bessemer & Lake Erie RR Co.

BGEX Big Eagle Rail LLC

BSFX Big South Fork Scenic Rwy

BDW Bighorn Divide & Wyoming RR, Inc. HKGX Birdsboro Materials/Haines & Kibblehouse BS Birmingham Southern RR Co.

BHC Black Hills Central RR

BRW Black River & Western RR

BLR Blacklands RR, The

BNG Blackwell Northern Gateway RR Co. BLOL Bloomer Shippers Connecting RR Co.

BCID Blount County Industrial Development Board BRMI Bluegrass RR Museum, Inc.

BMCX Bluewater Michigan Chapter, Inc. BVRR Boise Valley RR, Inc.

BSVY Boone Scenic Valley

BHWY Boot Hill and Western RR

BOP Border Pacific RR

BTR Boundary Trail Rwy Co. Inc.

BRAN Brandon Corp.

BSRX Brandywine Scenic RR Co.

BVRY Brandywine Valley RR Co.

BRSX Branson Scenic Rwy

BRG Brownsville & Rio Grande International RR BCRR Buckeye Central Scenic RR

BB Buckingham Branch RR Co.

BPRR Buffalo & Pittsburgh RR, Inc.

BSOR Buffalo Southern RR, Inc.

BJRY Burlington Junction Rwy

BNSO Burlington Northern Santa Fe Suburban Operations BYSR Byesville Scenic Rwy

CNUR C & NC RR Corp.

CGR C. G. Rwy, Inc.

CNCQ CANAC, Inc.

XCDR CDR Pigments and Dispersions CRSL Central Railink Services, LLC

CFE Chicago, Ft. Wayne & Eastern

CMC CMC RR Inc.

CMRX CMRX

CSX CSX Transportation

CVYR Caddo Valley RR Co.

CLDT Cafe Lafayette Dinner Train

CWCY Caldwell County RR Co.

CSMX Calera & Shelby RR & Museum, Inc. CFNR California Northern RR Co.

CSRM California State RR Museum

CWR California Western RR

PCMZ Caltrain Commuter RR Co. CCRA Camp Chase Industrial RR Corp CADX Can Do, Inc

CN Canadian National - North America

CP Canadian Pacific Rwy Co.

CFWR Caney Fork & Western RR

CVRC Cannon Valley RR Co.

CRRX Canon City And Royal Gorge RR, LLC CTN Canton RR Co

CCCX Cape Cod Central

CF Cape Fear Rwys, Inc.

CMSX Cape May Seashore Lines, Inc.

CMTY Capital Metropolitan Transportation Authority CGIF Cargill Inc Iowa Falls

CGIV Cargill Inc. GOSCNA

CLNA Carolina Coastal Rwy, Inc.

CDTX Carolina Diner Train, Inc.

CFCX Carolina Forge Co.

CALA Carolina Southern RR Co., The CZRY Carrizo Gorge Rwy Inc.

CARR Carrollton RR

CKSI Carthage, Knightstown & Shirley RR CSCD Cascade & Columbia River RR

CASS Cass Scenic

CMRR Catskill Mountain RR

CIC Cedar Rapids & Iowa City Rwy Co.

CEDR Cedar River RR Co.

CBRR Central Branch RR

CCT Central California Traction Co. CFCR Central Florida Commuter Rail Transit CFRC Central Florida Rail Corridor

CIRY Central Illinois RR Co.

CEIW Central Indiana & Western RR Co. CIR Central Iowa RR

CMR Central Midland Rwy Co.

CM Central Montana RR

CNZR Central New England RR Co., Inc. CNYK Central New York RR Corp.

CORP Central Oregon & Pacific RR, Inc

CPSR Central Puget Sound Regional Trans Authority CIND Central RR Co. Of Indiana

CERA Central RR Co. Of Indianapolis

CWA Central Washington RR Co.

CATS Charlotte Area Transit System

CHS Charlotte Southern RR Co.

CHAT Chattahoochee Bay RR

CIRR Chattahoochee Industrial RR CCKY Chattooga & Chickamauga RR

CHCX Chehalis & Centralia RR Association CA Chesapeake & Albemarle RR Co.

CKIN Chesapeake & Indiana RR

CHR Chestnut Ridge Rwy Co.

CIW Chicago & Illinois Western RR

CPC Chicago Port RR Co.

CRL Chicago Rail Link

CSS Chicago Southshore & South Bend RR

CTM Chicago Term. RR

XCTA Chicago Transit Authority

CC Chicago, Central & Pacific RR Co

CCUO Chicago-Chemung RR Corp

CVR Cimarron Valley RR L C

CNRX Cincinnati Rwy Co., The

CIDX City Of Dayton

COHX City Of Henderson

COJB City Of Jonesboro

COPX City Of Portland

COP City Of Prineville Rwy

CIAX City of Auburn Port Authority

CCGD City of Cape Girardeau

KEOK City of Keokuk

CSIV City of Spencer, Iowa

XCOT City of Tremeton

XCMS City of West Memphis

CCRR Claremont Concord RR Corp

CLP Clarendon & Pittsford RR Co. CCRL Cleveland Commercial RR Co., LLC CWRO Cleveland Works Rwy Co

CTR Clinton Term. RR Co.

CTRR Cloquet Term. RR Co., Inc.

CW Colorado & Wyoming Rwy Co

CLC Columbia & Cowlitz Rwy Co. CBRW Columbia Basin RR Co. Inc. CBCX Columbia Business Center

CT Columbia Term. RR Co.

CAGY Columbus & Greenville Rwy Co. CUOH Columbus & Ohio River RR

CWRY Commonwealth Rwy, Inc.

COEH Conecuh Valley RR

CDOT Conn. Dept. Of Transportation

CERZ Connecticut Electric Rwy

CSO Connecticut Southern RR Inc.

CNYX Conrad Yelvington

CTYX Conrail Train Yard & Repair Shop CGBX Consolidated Grain & Barge Co. CRSH Consolidated Rail Corp.

CONW Conway Scenic RR

CPMY Coopersville & Marne RR

CBR Coos Bay Rail Link

CBRY Copper Basin Rwy, Inc

CCPN Corpus Christi Term. RR Inc.

COER Crab Orchard & Egyptian RR

CTSR Cumbres & Toltec Scenic RR

CVSX Cuyahoga Valley Scenic Rwy

DAIR D & I RR Co.

DWRV D &W RR

DN Dakota Northern RR, Inc.

DSRC Dakota Southern Rwy Co.

DME Dakota, Minnesota & Eastern RR

DMVW Dakota, Missouri Valley & Western RR, Inc. DART Dallas Area Rapid Transit

DGNO Dallas, Garland & Northeastern RR DW Danville and Western Rwy Co.

DR Dardanelle & Russellville RR

DQE DeQueen & Eastern RR Co.

DT Decatur Junction Rwy Co.

DH Delaware & Hudson Rwy Co.

DURR Delaware & Ulster Rail Ride

DCLR Delaware Coast Line RR

DL Delaware Lackawanna RR

DC Delray Connecting RR Co.

DSRR Delta Southern RR Co.

DVS Delta Valley & Southern Rwy Co. DCTA Denton County Transportation Authority DRGR Denver & Rio Grande RR Co.

DRIR Denver Rock Island RR

DEMZ Dep Mine

DODA Department of Defense - Army

DLWR Depew, Lancaster & Western RR Co., Inc. DCON Detroit Connecting RR

DE Detroit Edison

DESR Downeast Scenic RR

DSC Drake Switching Co., LLC

DCRR Dubois County RR

DNE Duluth & Northeastern RR Co.

DMIR Duluth, Missabe & Iron Range Rwy Co. DWP Duluth, Winnipeg & Pacific Rwy

DSNG Durango & Silverton Narrow Guage RR Co. DRHV Durango RR Historical Society

DGVX Durbin & Greenbrier Valley Scenic RR

DUPX E. I. Dupont

EBT East Broadtop RR & Coal Co. EBSR East Brookfield & Spencer RR LLC EACH East Camden & Highland RR Co.

ECTB East Chattanooga Belt Rwy Co.

ECBR East Cooper & Berkeley RR

EEC East Erie Commercial RR

EJR East Jersey RR & Term. Co.

ESPN East Penn RR LLC

ETRY East Tennessee Rwy, L.P.

EARY Eastern Alabama Rwy Co.

EIRR Eastern Idaho RR

EIRC Eastern Illinois RR Co.

EMRY Eastern Maine RR Co.

EWG Eastern Washington Gateway RR Co. EASO Easx Corp./Easx RR Corporation TXTX Econo Rail Corp.

EFRR Effingham RR Co.

EDW El Dorado & Wesson Rwy Co. ECTM Electrick City Trolley Museum EJE Elgin, Joliet & Eastern Rwy Co.

ELKR Elk River RR, Inc.

EERZ Ellis and Eastern Co.

EWR Erie Western Rwy

ESWR Escalanta Western Rwy

ELS Escanaba & Lake Superior RR Co. EVWR Evansville Western Rwy, Inc.

EV Everett RR Co.

EBRR Exel Baytown RR

ESSV Exel Switching Service

FRR Falls Road RR Co. Inc.

FMRC Farmrail Corp.

FCRV Fayette Central RR

FRA Federal RR Administration

NDM Ferrocarriles Nacionales De Mexico

FMWX Fillmore and Western

FGLK Finger Lakes Rwy Corp.

FCRD First Coast RR Inc.

FBCR Fitchburg Commuter Rail

FIR Flats Industrial RR

FCEN Florida Central RR Co.

FDT Florida Department Transportation

FEC Florida East Coast Rwy Co.

FGC Florida Gulf Coast Railroad Museum, Inc. FMID Florida Midland RR Co., Inc.

FNOR Florida Northern RR Co., Inc.

FRAX Florida Rail Adventures

FLYJ Flying J / Big West Oil

FP Fordyce & Princeton RR Co.

FRVT Fore River Transportation Corp.

FSR Fort Smith RR Co. FWWR Fort Worth & Western RR FVRR Fredonia Valley RR Inc.

FEVR Fremont & Elkhorn Valley RR

FRRV Frontier Rail Switch Service

FWHS Ft. Wayne Historical Society

FC Fulton County RR Co.

FCR Fulton County Rwy

GATX GATX Rail

GIMY GITM Intermodal Yard GSWY GITM Savannah Wharf Yard GNRL GNP RLY Inc.

GVSR Galveston RR, L.P.

GCW Garden City Western Rwy Co.

GRW Gary Rwy Co.

GWWE Gateway Eastern RR Co.

GWWR Gateway Western Rwy

GWWL Gennesis Worldwide Logistics LLC GLRX Georgetown Loop RR

GRR Georgetown RR Co.

GFRR Georgia & Florida Rwy

GC Georgia Central Rwy, L.P.

GMR Georgia Midland RR, Inc.

GNRR Georgia Northeastern RR Co.

GAP Georgia Power

GS Georgia Southern Rwy Co. GSWR Georgia Southwestern RR Inc. GWRC Georgia Woodlands RR

GET Gettysburg and Northern RR

GICX Giant Cement

GRC Glasgow Rwy Co.

GHDE Gold Hill Depot

GGMX Golden Gate RR Museum

GITM Golden Isles Term. RR, Inc.

GTRA Golden Triangle RR Co. LACX Goodyear Tire And Rubber Co. GU Grafton & Upton RR Co.

GNBC Grainbelt Corp.

GCRX Grand Canyon Rwy

GDLK Grand Elk RR, LLC

GR Grand Rapids Eastern RR Inc.

XGRT Grand Rivers Term.

GTW Grand Trunk Western RR Inc.

GRVV Grapevine Vintage RR

GLC Great Lakes Central RR

GRNW Great Northwest RR, Inc.

GSR Great Sandhills Rwy, Ltd.

GSM Great Smoky Mountains Rwy, The

GRWR Great Walton RR Co.

GWR Great Western Rwy of Colorado, LLC

GCRT Greater Cleveland Regional Transit Authority GMRC Green Mountain RR Corp.

GRLW Greenville & Western Rwy Co. LLC GRYR Grenada Rwy LLC

GORX Gulf And Ohio Rwys

GCSR Gulf, Colorado San Saba Rwy Corp.

GUX Gunderson Inc.

HGZX HGZX Industry

HRMZ HRMZ

HIRR Hainesport Industrial RR LLC

HB Hampton & Branchville RR Co.

HRT Hartwell RR Co.

HRSX Hawaiian Rwy Society

HOG Heart of Georgia RR, Inc.

HVRX Heber Valley RR Utah

HOB Henderson Overton Branch HCAX Hennepin County Regional Rail HR Heritage RR Corp

HPTD High Point, Thomasville & Denton RR Co. HART Hillsborough Area Regional Trans. Authority HWRV Hiwassee River RR

HVSR Hocking Valley Scenic Rwy

HRS Hollidaysburg and Roaring Spring RR Co. HE Hollis & Eastern RR Co.

HHRV Hondo Rwy LLC

HCRR Honey Creek RR, Inc.

HOS Hoosier Southern RR HVMV Hoosier Valley RR Museum HRRC Housatonic RR Co., Inc.

HRR Huckleberry RR

HMCR Huntsville & Madison county RR Authority HESR Huron & Eastern Rwy

IM IM Industry

ITSL ITS Technologies & Logistics, LLC.

INPR Idaho Northern & Pacific RR Co.

IMRR Illinois & Midland RR Inc

IC Illinois Central RR Co.

IRYM Illinois Rwy Museum

IR Illinois Rwy, Inc.

ILW Illinois Western RR Co.

ICRK Indian Creek RR Co.

IORY Indiana & Ohio Rwy

IERR Indiana Eastern RR LLC

IHB Indiana Harbor Belt RR Co.

IN Indiana Northeastern RR Co., Incorporated

INRD Indiana Rail Road Co.

IRM Indiana Rwy Museum

ISRR Indiana Southern RR Co., Inc

ISW Indiana Southwestern Rwy Co.

ITMZ Indiana Transportation Museum

IRSS Industrial Rwy Switching & Services

ILRV Inland Lakes Rwy

RSIX Intermodal Transfer, LLC

IAIS Iowa Interstate RR

IANR Iowa Northern Rwy Co.

IARR Iowa River RR Inc

ISR Iowa Southern RR Co.

IATR Iowa Traction RR Co.

JCIV Jacintoport International, LP

JPA Jacksonville Port Authority

JEFW Jefferson Warrior RR

JCAX Johnson County Airport Commission JERX Joppa & Eastern RR Co.

JVRR Juniata Valley RR Co.

KWT K.W.T. Rwy, Inc.

KC Kanawha Central Rwy Co.

KRTX Kanawha River Term.

KBSR Kankakee, Beaverville & Southern RR Co. KCS Kansas City Southern Rwy Co.

KCT Kansas City Term. Rwy Co. KCTL Kansas City Transportation Co LLC KO Kansas and Oklahoma RR

KKRX Kaskaskia Regional Port District KAW Kaw River RR

KTR Kendallville Term. Rwy Co.

KT Kentucky & Tennessee Rwy

KRM Kentucky Rwy Museum

KJRY Keokuk Junction Rwy

KRSV Keolis Rail Services Virginia, LLC KFR Kettle Falls International Rwy LLC

KRR Kiamichi RR Co. LLC

KJR Kiski Junction RR

KNOR Klamath Northern Rwy Co.

KXHR Knoxville & Holston River RR Co., Inc. KSRY Koscuisko And Southwestern Rwy KYLE Kyle RR Co.

LRY LRY LLC

LYNX LYNX Light Rail System

LCRA Lackawanna County RR Authority LKP Lahaina Kaanapoli And Pacific

LCHD Lake Charles Harbor District

LCR Lake County RR

LMIC Lake Michigan & Indiana RR Co.

LSRX Lake Shore Rwy

LSRC Lake State Rwy Co.

LSI Lake Superior & Ishpeming RR Co. LSMR Lake Superior & Mississippi RR LSMT Lake Superior RR Museum

LT Lake Term. RR Co.

LWAT Lake Whatcom Rwy

LC Lancaster & Chester Rwy Co.

LVR Landisville RR, LLC

LNO Laona & Northern Rwy

LIRR Lapree Industrial RR

LMR Last Mountain Rwy

LRS Laurinburg & Southern RR Co.

LCSR Leadville, Colorado & Southern RR, Co. LMMV Lebanon Mason Monroe RR

LRWY Lehigh Rwy, LLC LVRX Lehigh Valley Rail Management LMAX Lenar Marie Island

LFIZ Litchfield Industrial RR

LKRR Little Kanawha River Rail

LRR Little River RR

LRWN Little Rock & Western Rwy, L.P. LRPA Little Rock Port RR Co.

LAL Livonia, Avon & Lakeville RR Corp.

LDLV Lodestar Logistics

LER Logansport & Eel River Short Line Co., Inc. LSIZ Lone Star Industries

LI Long Island Rail Road

LS Longview Switching

LACZ Los Angeles County Metropolitan Trans Authority LAJ Los Angeles Junction Rwy Co.

LDCX Louis Dreyfus Corp/Galena Park Term. LDRR Louisiana & Delta RR

LNW Louisiana & North West RR Co.

LAS Louisiana Southern

LSTX Louisiana Steam Train Association LIRC Louisville & Indiana RR Co.

LW Louisville & Wadley Rwy Co.

LNAL Louisville, New Albany & Corydon RR LBR Lowville & Beaver River RR Co.

LXVR Luxapalila Valley RR Inc.

LSX Luzerene & Susquehanna Rwy Co.

LVRR Lycoming Valley RR Co.

MNBR M & B RR LLC

MGRI M. G. Rail, Inc

MACZ MARC Train Service

STLM METRO

MPLX Minnesota Prairie Line

MUNX MUNI - Municipal Transportation Agency CMPA Madison RR Division

MAA Magma Arizona RR Co.

MVRY Mahoning Valley RR Co.

MERR Maine Eastern RR

MNGX Maine Narrow Gauge RR

MRSE Manteno Rail Service Corp.

MJ Manufacturers' Junction Rwy Co.

MRS Manufacturers' Rwy Co.

MQT Marquette Rail LLC

MDDE Maryland & Delaware RR Co. MMID Maryland Midland Rwy, Inc. MTAX Mass Transit Administration XMBT Mass. Bay Trans. Authority

MBTA Massachusetts Bay Transit Authority MCER Massachusetts Central RR Corp MCRL Massachusetts Coastal RR LLC MSTR Massena Term. RR Co.

MAW Maumee & Western RR Corp.

MCR Mccloud Rwy Co.

MKC Mckeesport Connecting RR Co.

MSN Meeker Southern RR

MATA Memphis Area Transit Authority MGRZ Merchant's Grain Rail, Inc.

MDS Meridian Southern Rwy LLC MNCW Metro North Commuter RR Co. MRTA Metro Regional Transit Authority MTAV Metro Regional Transit Authority MRTV Metro Transit

MTPS Metropolitan Stevedore

MAL Michigan Air-Line Rwy Co.

MS Michigan Shore RR

MSO Michigan Southern RR Co., Inc.

MSTP Michigan State Trust For Rwy Preservation MITM Michigan Transit Museum

MCRY Mid-Continent Rwy

MMRR Mid-Michigan RR Co.

MIDH Middletown & Hummelstown RR Co. MNJ Middletown & New Jersey RR LLC MADE Middletown Area Development Enterprise MDRY Midlands Rwy

MBRX Milford-Bennington RR Co. MRSX Military Ocean Term. RR At Sunny Point MMR Minnesota & Manitoba RR

MNNR Minnesota Commercial Rwy MNN Minnesota Northern RR Inc.

MPLI Minnesota Prairie Line, Inc. MSWY Minnesota Southern Rwy, Inc. MTFR Minnesota Transfer Rwy Co. MNTX Minnesota Transportation Museum

MVRA Minnesota Valley Regional Rail Authority MZL Minnesota Zephyr, Limited

MDW Minnesota, Dakota & Western Rwy Co. MMT Mission Mountain RR

MSV Mississippi & Skuna Valley RR Co

MSCI Mississippi Central RR Co.

MSDR Mississippi Delta RR

MSE Mississippi Export RR Co.

MSR Mississippi Southern RR MTNR Mississippi Tennessee RR LLC

MSRW Mississippian Rwy Cooperative, Inc.

MNA Missouri & Northern Arkansas RR Co., Inc. MVP Missouri & Valley Park RR Corp

MNC Missouri North Central RR

MET Modesto & Empire Traction Co.

MNRR Modoc Northern RR Co.

MHWA Mohawk, Adirondack & Northern RR Corp. MCRR Monongahela Connecting RR Co.

MRL Montana Rail Link

MRMZ Monticello Rwy Museum

MMA Montreal, Maine and Atlantic Rwy, Ltd. MHSF Morehead & South Fork RR Co. Inc.

MCDX Morris County DOT

ME Morristown & Erie Rwy, Inc.

MTBD Morton Buildings

MCSA Moscow, Camden & San Augustine RR MOPH Motive Power - Houston

MH Mount Hood Rwy Co.

MRSR Mount Rainier Scenic RR

MVT Mount Vernon Term. Rwy, Inc.

METW Municipality of East Troy

MCSX Music City Starr

MCCP Muskogee City-County Port Authority

NCMX N C Transportation Museum Foundation NDCR N. D. C. RR Co.

NJT N. J. Dept. of Transportation

NCOC National Coal Corp.

NVRR Napa Valley RR

NCYR Nash County RR

NERR Nashville & Eastern RR

NWR Nashville & Western RR Corp.

NTZR Natchez Rwy LLC

NSWS National Switching Services

NAUG Naugatuck RR Co. Inc.

NRI Nebkota Rwy, Inc.

NCRC Nebraska Central RR

NENE Nebraska Northeastern Rwy Co. NNW Nebraska Northwestern RR, Inc NKCR Nebraska, Kansas, Colorado Railnet

VTRW Nevada Comm. for the Recon of the V&T Rwy NCRV Nevada Commission/Reconstruction of V&T Rwy NNRX Nevada Northern Rwy

NVSV Nevada Southern Rwy

NSMU Nevada State Museum

NBSR New Brunswick Southern Rwy Co., LTD NCIR New Castle Industrial RR

NECR New England Central RR

NEGS New England Southern RR Co., Inc. NHCR New Hampshire Central RR, Inc.

NHN New Hampshire North Coast RR NHRR New Hope & Ivyland Rail Road

NHVX New Hope Valley Rwy/NC RR Museum NJRC New Jersey Rail Carrier, LLC.

NJTR New Jersey Transit Rail Operations NMRX New Mexico Rail Runner Express

NMSX New Mexico Steam Locomotive and RR Hist. Sociaty NOGC New Orleans & Gulf Coast Rwy Co. Inc.

NOPB New Orleans Public Belt RR

NRRX New River Rwy

NYA New York & Atlantic Rwy Co. NYGL New York & Greenwood Lake Rwy NYLE New York & Lake Erie

NYOG New York & Ogdensburg Rwy Co. Inc. NYCT New York Container Term.

NYNJ New York New Jersey Rail LLC

NYSW New York, Susquehanna & Western RR Co. NSR Newburgh & South Shore RR

NPDX Newport Dinner Train

NICX Niles Canyon Rwy NTRY Nimishillen & Tuscarawas, LLC NBER Nittany & Bald Eagle

NPB Norfolk & Portsmouth Belt Line RR Co.

NS Norfolk Southern Corp.

NARZ North Alabama RR Museum NCVA North Carolina & Virginia RR Co.

DTNC North Carolina Department Of Transportation NCT North Charleston Term. Co.

NSHR North Shore RR

NSSR North Shore Scenic RR

NIRC Northeast IL Regional Commuter Rail Corp.

NICD Northern Indiana Commuter Transportation District NLR Northern Lines Rwy LLC

NOW Northern Ohio & Western Rwy, LTD. NPR Northern Plains RR, Inc.

NSCR Northstar Corridor Rail

NOKL Northwestern Oklahoma RR Co.

OTR Oakland Term. Rwy

ORC Ogeechee RR Co.

OHIC Ohi Rail Corp.

OHCR Ohio Central RR Co.

ORDC Ohio Rail Development Commission

OSRR Ohio Southern RR Co.

OVR Ohio Valley RR Co.

OCTL Oil Creek & Titusville Lines

OKGE Oklahoma General Electric

OKRX Oklahoma Rwy Museum Ltd

OAR Old Augusta RR Co.

OC Olin Corp.

OPPX Omaha Public Power District

OLB Omaha, Lincoln & Beatrice Rwy Co.

ONCT Ontario Central RR Corp.

OMID Ontario Midland RR Corp.

OERY Orange Empire Rwy Museum

OCSR Oregon Coast Scenic RR

OERR Oregon Eastern RR

OGE Oregon Great Eastern

OPR Oregon Pacific RR Co.

ORUZ Orlando Utilities Commission OSCV Osceola & St. Croix Valley Rwy OTVR Otter Tail Valley RR Co., Inc.

OUCH Ouachita RR

OLTX Over Land Trucking and Rail

OHRY Owego & Harford Rwy, Inc.

OVRR Ozark Valley RR Inc.

PLVW Port of Longview

PSC PYCO Industries Inc.

PARN Pacific & Arctic RR & Navigation Co. PHL Pacific Harbor Line Inc.

PRPX Pacific RR Preservation Association PRSX Pacific Rail Services

PSRM Pacific SW Rwy Museum

PSRR Pacific Sun RR, LLC

PI Paducah & Illinois RR Co.

PAL Paducah & Louisville Rwy Co.

PCC Palouse River & Coulee City RR Inc.

GRS Pam Am Rwys/Guilford System

PAS Pan Am Southern, LLC.

PWCV Pan Western Corp.

PNR Panhandle Northern RR Co.

PBR Patapsco & Back Rivers RR Co.

PVS Pecos Valley Southern Rwy Co.

PDRR Pee Dee River Rwy Corp.

POVA Pend Oreille Valley RR, Inc

PCJX Peninsula Cooridor Joint Powers Board PT Peninsula Term. Co.

PSCC Pennsylvania & Southern Rwy, LLC PSWR Pennsylvania Southwestern RR, Inc. PPHW Peoria, Peoria Heights & Western RR PICK Pickens Rwy Co.

PRY Pioneer Industrial Rwy Co.

PWJ Pioneer RR Co., Inc.

PVRR Pioneer Valley RR Co., Inc.

PCDX Pittsburgh & Conneaut Dock Co., The POHC Pittsburgh & Ohio Central RR Co., The PAM Pittsburgh, Allegheny & Mckees Rocks RR PMSW Plainsman Switching Co.

PLL Plymouth & Lincoln

PCN Point Comfort & Northern Rwy Co.

PRCL Pola Red Car Line

PATH Port Authority Trans Hudson PAAC Port Authority of Allegheny County PBVR Port Bienville RR

PHRR Port Harbor RR, Inc.

PJR Port Jersey RR Co.

POCA Port of Catoosa Term. RR

PLAX Port of Los Angeles

MAUP Port of Manatee

POMJ Port of Milwaukee

POAK Port of Oakland

PPBD Port of Palm Beach Term.

POPZ Port of Pasco

POSX Port of Sacramento

POTB Port of Tillamook Bay RR

PSAN Port San Antonio

PTRA Port Term. RR Association

PTR Port Term. RR of South Carolina

PUCC Port Utilities Commission of Charleston, S.C. PGBX Port of Greater Baton Rouge

PMKX Port of Muskogee RR

PSDX Port of San Diego

PSBX Port of Shreveport-Bossier, The

PNWR Portland & Western RR, Inc.

PTO Portland Term.

PVJR Portland Vancouver Junction RR

PEX Potomac Eagle Scenic Rail Excursion

PNW Prescott & Northwestern RR Co. PROQ Progress Rail Switching Service PGR Progressive Rail Inc

PW Providence & Worcester RR Co.

PSOZ Public Service of Oklahoma

PBRF Pueblo RR Museum

PSAP Puget Sound & Pacific RR Co.

QRR Quincy RR Co.

RJCK R J Corman RR Co./Tennessee Term. LLC RJCN R. J. Corman RR Co./Allentown Lines, Inc. RJCL R. J. Corman RR Co./Cleveland Line

RJCM R. J. Corman RR Co./Memphis Line

RJCP R. J. Corman RR Co./Pennsylvania Lines, Inc. RJCV R. J. Corman RR Co./WV Line

RJCC R. J. Corman RR Co/Central Kentucky Lines RJCR R. J. Corman RR Corp./Bardstown Line RJCW R. J. Corman, Western Ohio Line

DUT RTD Denver Union Station

RAMX Rail America Limited

RLIX Rail Link Inc.

RLGX Rail Logix L.P.

RASX Rail Serve

RSIZ Rail Services, Inc.

RRTM Rail Term

RWTV Rail Works Track Systems, Inc.

NSRX Railroading Heritage of Midwest America Inc. RTRX Railtown 1897 RR

RCRY Raritan Central Rwy LLC

RARW Rarus Rwy Co.

RRTX Rat River Transportation Co.

RERX Reader RR

RNRX Reading & Northern RR Systems

RBMN Reading Blue Mountain & Northern RR Commission RRVW Red River Valley & Western RR

RRC Redmont Rwy Co.

RTA Regional Transportation Authority

NRTX Regional Transportation Authority-Nashville, TN RTDZ Regional Transportation District

RCIB Rescar Industries - Beaumont RCXM Rescar Location 715 Switching RSCX Rescar

RRCV Respondek RR Corp.

RSOR Riceboro Southern Rwy LLC

RPRC Richmond Pacific RR Corp.

RBX Ringling Brothers, Barnum & Bailey Circus RVSC Rio Valley Switching Co.

RVPR River Port RR

RSR Rochester Southern RR, Inc.

RRRR Rock & Rail Inc

RSS Rockdale, Sandow & Southern RR Co.

SSR S&S Shortline RR

VTAZ Santa Clara Valley Transportation Authority SCTR SCTRR, LLC

SGSC SGS Petroleum Service Corp.

SNY SMS Rail Lines of New York City LLC

SLRS SMS Rail Service, Inc.

SOO SOO Line RR Co.

SPNW SP News Print Co.

SRN Sabine River & Northern RR Co.

SCDT Sacramento County Department of Transportation SCRT Sacramento County Regional Transit District SAV Sacramento Valley RR

SL Salt Lake City Southern RR Co., Inc. SLGW Salt Lake, Garfield & Western Rwy Co. SBEX San Bernardino Rwy Historical Society SDIY San Diego & Imperial Valley

SDNX San Diego Northern Rwy

SDTI San Diego Trolley Inc.

SFBY San Francisco Bay RR

SFBR San Francisco Belt RR

SJVR San Joaquin Valley RR Co.

SLRG San Luis & Rio Grande RR

SLC San Luis Central RR Co.

SMA San Manuel Arizona RR Co.

SPSR San Pedro & Southwestern RR Co.

SS Sand Springs Rwy Co.

SAN Sandersville RR Co.

SCCT Santa Clara County Transit District SCBG Santa Cruz, Big Tree & Pacific RR SFS Santa Fe Southern Rwy, Inc.

SMV Santa Maria Valley RR Co.

SBG Savage Bingham & Garfield RR Co.

SYSI Savage Yard Services, Inc.

SAPT Savannah Port Term. RR, Inc.

SSHV Seaside Holdings, Inc.

SVTX Seaview Transportation Co., Inc. SGLR Seminole Gulf RR

SE Semo Port RR, Inc.

SQVR Sequatchie Valley RR

SVRR Shamokin Valley RR Co.

SABX Shaw Air Force Base

STR Shawnee Term. Rwy Co.

SVIZ Shelbyville Industrial RR

SHEL Shell Oil Co.

XSPU Shell Puget Sound Refinery

SV Shenandoah Valley RR

SLSV Short Line Services, Inc.

SLGG Sidney & Lowe RR Inc.

SERA Sierra Northern Rwy

SPKE Signal Peak Energy Corp.

SMRR Sisseton Milbank RR

SKTX Ski Train RR

SNVX Snoqualmie Valley RR

SOM Somerset RR Co

SCR Sounder Commuter Rail

SBVR South Branch Valley RR

SB South Buffalo Rwy Co.

SCRF South Carolina Central RR Co., Inc.

SCPB South Carolina Public Rwys Commission RRWX South Carolina RR Museum, The

SCXF South Central Florida Express, Inc.

SCIH South Chicago & Indiana Harbor Rwy Co. SCCR South County Commuter Rail

SFRV South Florida Regional Transit Authority SKOL South Kansas & Oklahoma RR Co.

SLAL South Plains Lamesa RR, Ltd.

SRPX South River Railroad Project

XSPT Southeastern Penn. Trans. Authority

SEPA Southeastern Pennsylvania Transportation Authority SPRX Southern Applachian Rwy Museum

SCAX Southern California Regional Rail Authority SERX Southern Electric RR

SIND Southern Indiana Rwy, Inc.

SMRS Southern Michigan RR Society SNJX Southern New Jersey Light Rail Group SRNJ Southern RR Co. Of New Jersey

SSC Southern Switching Co.

SWP Southwest Pennsylvania RR Co.

SW Southwestern RR Co., Inc.

SPIX Spotsylvania County Industrial Park SPCX Springerville & Coronada RR, Lines. SCS Squaw Creek Southern RR

SMW St Marys Rwy West LLC

SCXY St. Croix Valley RR Co.

SLR St. Lawrence & Atlantic RR Co.

SLOI St. Louis, Iron Mountain, & Southern

STMA St. Maries River RR Co.

SM St. Marys RR Co.

SLZZ Standard Lafarge

SNCX Steamtown National Historic Site SNHS Steamtown National Historical Society SH Steelton & Highspire RR

STRT Stewartstown RR Co.

SLWC Stillwater Central RR Co., Inc. SPBR Stockton Public Belt RR

STE Stockton Term. & Eastern RR

SRC Strasburg RR Co.

SUVX Sumpter Valley RR

SNR Sunflour RR, Inc.

SSMR Sunshine Mills RR

SWCX Sweetwater Central RR

SBNX Syracuse Binghampton And New York RR

TMBL Tacoma Municipal Belt Line Rwy TRMW Tacoma Rail Mountain Division TRIC Tahoe Reno Industrial Center

TTR Talley Rand Term. RR

THEA Tampa-Hillsborough County Expressway Authority TZPR Tazewell & Peoria RR, Inc.

TC Temple & Central Texas Rwy, Inc.

TECX Tennessee Central RR

TSRR Tennessee Southern RR Co., Inc.

TVRM Tennessee Valley RR

TKEN Tennken RR Co. Inc.

TRRA Terminal RR Association Of St. Louis TASD Terminal Rwy Alabama State Docks TSWS Terminal Switching Services

TNMR Texas & New Mexico RR Co. TN Texas & Northern Rwy Co.

TXOR Texas & Oklahoma RR Co.

TCT Texas City Term. Rwy Co. TXNW Texas Northwestern Rwy Co.

TXPF Texas Pacifico Transportation Limited TXR Texas Rock Crusher Rwy Co.

TSE Texas South-Eastern RR Co.

TSR Texas State RR

TXGN Texas, Gonzales & Northern Rwy Co. TBRY Thermal Belt Rwy

TNHR Three Notch RR

TIBR Timberrock RR Co., Inc.

TIOC Tioga Central RR

TCRX Tioga Central Rail Ex.

TISH Tishomingo RR Co., Inc.

TLEW Toledo Lake Erie & Western RR TPW Toledo, Peoria & Western Rwy Corp. TLCP Toledo-Lucas County Port Authority TR Tomahawk Rwy, L.P.

TMSS Towanda Monroeton Shippers Lifeline, Inc. TTAX Trailer Train

TTI Trans Kentucky RR.

TRRJ Transco Railcar Repair, Inc.

TAMX TransitAmerica, LLC

TTIS Transkentucky Transportation RR, Inc. TCRY Tri-City RR Co.

TCRV Tri-City Railcar Repair

TMEV Tri-Met Westside Express Service TRE Trinity Rwy Express

TREX Trinity Rwy Express

TRSZ Triple Crown Service

TMNY Trolley Museum of New York TRC Trona Rwy Co.

TSU Tulsa-Sapulpa Union Rwy Co. LLC

TCKR Turtle Creek Industrial RR, Inc.

TCWR Twin City & Western RR

TYBR Tyburn RR Co.

USRS U S. Rail/Salem

USAD U. S. Army Depot

USRP U. S. Rail Corp.

USRO U.S. Rail Corp/Ohio

USSZ U.S. Sugar Co.

UPIX USS - Posco Industries

UFRC UTA FrontRunner Commuter Rail UCIR Union County Industrial RR Co.

UPME Union Pacific Metra

UP Union Pacific RR Co.

URR Union RR Co.

USAF United States Air Force

USG United States Gypsum

UHRX Upper Hudson River RR

UMP Upper Merion & Plymouth RR Co.

UCRY Utah Central Rwy Co.

UTAH Utah Rwy Co.

UTAX Utah Transit Authority

VSR V and S Rwy, Inc.

VST V&S Rwy Inc D d/b/a/Towner Railway

VR Valdosta Rwy, L.P.

VMTR Valley Metro Rail

VALE Valley RR Co.

VRRC Vandalia RR Co.

VRCX Vaughan RR Co.

VCRR Ventura County RR Co. VVRR Vermillion Valley RR Co., Inc. VTR Vermont Rwy, Inc.

VSOR Vicksburg Southern RR, Inc. VTRR Virginia & Truckee RR Co., Inc. VC Virginia Central Rwy

VPAX Virginia Port Authority

VREX Virginia Rwy Express

VSRR Virginia Southern RR

VREE Vreeland Rail LLC

VM Vulcan Materials Co.

WCTR WCTU Rwy

WBCR Wabash Central RR Corp. WCLR Waccamaw Coast Line RR Co. WS Walkersville Southern RR, Inc. WHOE Walking Horse & Eastern RR Co. WURR Wallowa Union RR Authority

WAKS Wannamakers, Kempton And Southern WSR Warren & Saline River RR Co.

WTRM Warren & Trumbull RR Co., The WIR Washington & Idaho Rwy, Inc. WACR Washington County RR Corp.

WI Watco Switch Indiana

WATX Watco Switching

WCOR Wellsboro & Corning RR Co. WCRL West Chester RR Co.

WESZ West Erie Shortline

WFS West Isle Line Inc.

WJSL West Jersey Short Line

WMI West Michigan RR Co.

WTNN West Tennessee RR Corp.

WTUX West Texas Utility

WTLC West Texas and Lubbock Rwy Co. WVC West Virginia Central RR

WKRL Western Kentucky Rwy, LLC WMSR Western Maryland Scenic RR

WNYP Western New York & Pennsylvania RR LLC WRRC Western RR Co.

WRS Western Rail Switching, Inc.

WRM Western Rwy Museum

WCTX Weyerhaeuser Woods RRs

WE Wheeling & Lake Erie Rwy Co.

WVRR Whitewater Valley RR

WTA Wichita Term. Association

WTJR Wichita, Tillman & Jackson Rwy Co., Inc. WBC Wilkes-Barre Connecting RR Co.

WPRR Willamette & Pacific RR, Inc. WVR Willamette Valley Rwy Co.

WWRC Wilmington & Western RR Co. WTRY Wilmington Term. RR Inc.

WSRY Winamac Southern Rwy Co.

WW Winchester & Western RR Co.

WRCC Winnipesaukee RR Corp.

WSS Winston-Salem Southbound Rwy

WST Winston-Salem Term. Co.

WGCR Wiregrass Central RR Co. WGNX Wisconsin & Great Northern WSOR Wisconsin & Southern RR Co. WC Wisconsin Central Ltd.

WGNS Wisconsin Great Northern RR, Inc. WN Wisconsin Northern RR

WYET Wye Transportation Corp

WYCO Wyoming & Colorado RR

YCR YCR Corp.

YVRR Yadkin Valley RR Co.

YSVR Yellowstone Valley RR Inc.

YRC York Rwy Co.

YARR Youngstown & Austintown RR YB Youngstown Belt RR Co., The

YSRR Yountstown & Southeastern RR Co., Inc.

YW Yreka Western RR Co.

ZWSX Zanesville & Western Scenic RR

**APPENDIX B**

**State Codes**

|  |  |  |  |
| --- | --- | --- | --- |
| AL | Alabama | SC | South Carolina |
| AK | Alaska | SD | South Dakota |
| AZ | Arizona | TN | Tennessee |
| AR | Arkansas | TX | Texas |
| CA | California | UT | Utah |
| CO | Colorado | VT | Vermont |
| CT | Connecticut | VA | Virginia |
| DE | Delaware | WA | Washington |
| DC | District of Columbia | WV | West Virginia |
| FL | Florida | WI | Wisconsin |
| GA | Georgia | WY | Wyoming |
| HI | Hawaii |  |  |
| ID | Idaho |  |  |
| IL | Illinois |  |  |
| IN | Indiana |  |  |
| IA | Iowa |  |  |
| KS | Kansas |  |  |
| KY | Kentucky |  |  |
| LA | Louisiana |  |  |
| ME | Maine |  |  |
| MD | Maryland |  |  |
| MA | Massachusetts |  |  |
| MI | Michigan |  |  |
| MN | Minnesota |  |  |
| MS | Mississippi |  |  |
| MO | Missouri |  |  |
| MT | Montana |  |  |
| NE | Nebraska |  |  |
| NV | Nevada |  |  |
| NH | New Hampshire |  |  |
| NJ | New Jersey |  |  |
| NM | New Mexico |  |  |
| NY | New York |  |  |
| NC | North Carolina |  |  |
| ND | North Dakota |  |  |
| OH | Ohio |  |  |
| OK | Oklahoma |  |  |
| OR | Oregon |  |  |
| PA | Pennsylvania |  |  |
| RI | Rhode Island |  |  |

**APPENDIX C**

**Train Accident Cause Codes**

**TRACK, ROADBED AND STRUCTURES**

***Roadbed***

**T001** Roadbed settled or soft

**T002** Washout/rain/slide/flood/snow/ice damage to track

**T099** Other roadbed defects (Provide detailed description in narrative)

***Track Geometry***

**T101** Cross level of track irregular (at joints) **T102** Cross level of track irregular (not at joints) **T103** Deviation from uniform top of rail profile **T104** Disturbed ballast section

**T105** Insufficient ballast section

**T106** Superelevation improper, excessive, or insufficient

**T107** Superelevation runoff improper

**T108** Track alignment irregular (other than buckled/sunkink)

**T109** Track alignment irregular (buckled/sunkink)

**T110** Wide gage (due to defective or missing crossties)

**T111** Wide gage (due to defective or missing spikes or other rail fasteners)

**T112** Wide gage (due to loose, broken, or defective gage rods)

**T113** Wide gage (due to worn rails)

**T199** Other track geometry defects (Provide detailed description in narrative)

***Rail, Joint Bar and Rail Anchoring***

**T201** Broken Rail - Bolt hole crack or break

**T202** Broken Rail - Base

**T203** Broken Rail - Weld (plant)

**T204** Broken Rail - Weld (field)

**T205** Defective or missing crossties (use code T110 if results in wide gage)

**T206** Defective spikes or missing spikes or other rail fasteners (use code T111 if results in wide gage)

**T207** Broken Rail - Detail fracture from shelling or head check

**T208** Broken Rail - Engine burn fracture

**T210** Broken Rail - Head and web separation (outside joint bar limits) **T211** Broken Rail - Head and web separation (within joint bar limits) **T212** Broken Rail - Horizontal split head

**T213** Joint bar broken (compromise) **T214** Joint bar broken (insulated) **T215** Joint bar broken (noninsulated) **T216** Joint bolts, broken, or missing **T217** Mismatched rail-head contour **T218** Broken Rail - Piped rail

**T219** Rail defect with joint bar repair

**T220** Broken Rail - Transverse/compound fissure

### APPENDIX C - Continued

**T221** Broken Rail - Vertical split head

**T222** Worn rail

**T223** Rail Condition - Dry rail, freshly ground rail

**T224** Rail defect originating from bond wire attachment (Provide description in narrative)

**T299** Other rail and joint bar defects (Provide detailed description in narrative)

***Frogs, Switches and Track Appliances***

**T301** Derail, defective

**T302** Expansion joint failed or malfunctioned **T303** Guard rail loose/broken or mislocated **T304** Railroad crossing frog, worn or broken **T305** Retarder worn, broken, or malfunctioning **T306** Retarder yard skate defective

**T307** Spring/power switch mechanism malfunction

**T308** Stock rail worn, broken or disconnected

**T309** Switch (hand operated) stand mechanism broken, loose, or worn

**T310** Switch connecting or operating rod is broken or defective

**T311** Switch damaged or out of adjustment

**T312** Switch lug/crank broken

**T313** Switch out of adjustment because of insufficient rail anchoring

**T314** Switch point worn or broken

**T315** Switch rod worn, bent, broken, or disconnected

**T316** Turnout frog (rigid) worn, or broken

**T317** Turnout frog (self guarded), worn or broken

**T318** Turnout frog (spring) worn, or broken

**T319** Switch point gapped (between switch point and stock rail)

**T399** Other frog, switch and track appliance defects (Provide detailed description in narrative)

***Other Way and Structure***

**T401** Bridge misalignment or failure

**T402** Flangeway clogged

**T403** Engineering design or construction

**T404** Catenary system defect

**T499** Other way and structure defect (Provide detailed description in narrative)

**SIGNAL AND COMMUNICATION**

**S001** Automatic cab signal displayed false proceed

**S002** Automatic cab signal inoperative

**S003** Automatic train control system inoperative **S004** Automatic train-stop device inoperative **S005** Block signal displayed false proceed

**S006** Classification yard automatic control system switch failure **S007** Classification yard automatic control system retarder failure **S008** Fixed signal improperly displayed (defective)

**S009** Interlocking signal displayed false proceed

**S010** Power device interlocking failure

**S011** Power switch failure

### APPENDIX C - Continued

**S012** Radio communication equipment failure **S013** Other communication equipment failure **S014** Computer system design error (vendor)

**S015** Computer system configuration/management error (vendor)

**S016** Classification yard automatic control system - Inadequate or insufficient control (e.g., automatic cycling, other software/programming deficiencies, etc.)

**S099** Other signal failures (Provide detailed description in narrative)

**S101** Remote control transmitter defective

**S102** Remote control transmitter, loss of communication

**S103** Radio controlled switch communication failure

**S104** Radio controlled switch not locked effectively (Equipment Failure)

**MECHANICAL AND ELECTRICAL FAILURES**

***Brakes***

**E00C** Air hose uncoupled or burst

**E00L** Air hose uncoupled or burst (LOCOMOTIVE)

**E01C** Hydraulic hose uncoupled or burst

**E01L** Hydraulic hose uncoupled or burst (LOCOMOTIVE)

**E02C** Broken brake pipe or connections

**E02L** Broken brake pipe or connections (LOCOMOTIVE)

**E03C** Obstructed brake pipe (closed angle cock, ice, etc.)

**E03L** Obstructed brake pipe (closed angle cock, ice, etc.) (LOCOMOTIVE)

**E04C** Other brake components damaged, worn, broken, or disconnected

**E04L** Other brake components damaged, worn, broken, or disconnected (LOCOMOTIVE)

**E05C** Brake valve malfunction (undesired emergency)

**E05L** Brake valve malfunction (undesired emergency) (LOCOMOTIVE)

**E06C** Brake valve malfunction (stuck brake, etc.)

**E06L** Brake valve malfunction (stuck brake, etc.) (LOCOMOTIVE)

**E07C** Rigging down or dragging

**E07L** Rigging down or dragging (LOCOMOTIVE)

**E08C** Hand brake (including gear) broken or defective

**E08L** Hand brake (including gear) broken or defective (LOCOMOTIVE)

**E0HC** Hand brake linkage and/or connections broken or defective

**E0HL** Hand brake linkage/Connections broken/defective (LOCOMOTIVE)

**E09C** Other brake defects, cars (Provide detailed description in narrative)

**E09L** Other brake defects, (Provide detailed description in narrative) (LOCOMOTIVE)

**E10L** Computer controlled brake communication failure (LOCOMOTIVE)

***Trailer or Container on Flatcar***

**E11C** Broken or defective tiedown equipment

**E12C** Broken or defective container

**E13C** Broken or defective trailer

**E19C** Other trailer or container on flat car defects (Provide detailed description in narrative)

### APPENDIX C - Continued

***Body***

**E20C** Body bolster broken or defective

**E20L** Body bolster broken or defective (LOCOMOTIVE)

**E21C** Center sill broken or bent

**E21L** Center sill broken or bent (LOCOMOTIVE)

**E22C** Draft sill broken or bent

**E22L** Draft sill broken or bent (LOCOMOTIVE)

**E23C** Center plate broken or defective

**E23L** Center plate broken or defective (LOCOMOTIVE)

**E24C** Center plate disengaged from truck (car off center)

**E24L** Center plate disengaged from truck unit/off center (LOCOMOTIVE)

**E25C** Center pin broken or missing

**E25L** Center pin broken or missing (LOCOMOTIVE)

**E26C** Center plate attachment defective

**E26L** Center plate attachment defective (LOCOMOTIVE)

**E27C** Side sill broken

**E27L** Side sill broken (LOCOMOTIVE)

**E29C** Other body defects, (CAR) (Provide detailed description in narrative)

**E29L** Other body defects, (LOCOMOTIVE) (Provide detailed description in narrative)

***Coupler and Draft System***

**E30C** Knuckle broken or defective

**E30L** Knuckle broken or defective (LOCOMOTIVE)

**E31C** Coupler mismatch, high/low

**E31L** Coupler mismatch, high/low (LOCOMOTIVE)

**E32C** Coupler drawhead broken or defective

**E32L** Coupler drawhead broken or defective (LOCOMOTIVE)

**E33C** Coupler retainer pin/cross key missing

**E33L** Coupler retainer pin/cross key missing (LOCOMOTIVE)

**E34C** Draft gear/mechanism broken or defective (including yoke)

**E34L** Draft gear/mechanism broken/defective (including yoke) (LOCOMOTIVE)

**E35C** Coupler carrier broken or defective

**E35L** Coupler carrier broken or defective (LOCOMOTIVE)

**E36C** Coupler shank broken or defective (includes defective alignment control)

**E36L** Coupler shank broken or defective (includes defective alignment control) (LOCOMOTIVE)

**E37C** Failure of articulated connectors

**E37L** Failure of articulated connectors (LOCOMOTIVE)

**E39C** Other coupler and draft system defects, (CAR) (Provide detailed description in narrative)

**E39L** Other coupler and draft system defects, (LOCOMOTIVE) (Provide detailed description in narrative)

***Truck Components***

**E40C** Side bearing clearance insufficient

**E40L** Side bearing clearance insufficient (LOCOMOTIVE)

**E41C** Side bearing clearance excessive

**E41L** Side bearing clearance excessive (LOCOMOTIVE)

**E42C** Side bearing(s) broken

**E42L** Side bearing(s) broken (LOCOMOTIVE)

### APPENDIX C - Continued

**E43C** Side bearing(s) missing

**E43L** Side bearing(s) missing (LOCOMOTIVE)

**E44C** Truck bolster broken

**E44L** Truck bolster broken (LOCOMOTIVE)

**E45C** Side frame broken

**E45L** Side frame broken (LOCOMOTIVE) **E46C** Truck bolster stiff, improper swiveling **E4AC** Gib Clearance (lateral motion excessive) **E4BC** Truck bolster stiff (failure to slew)

**E46L** Truck bolster stiff, improper lateral or improper swiveling (LOCOMOTIVE)

**E47C** Defective snubbing (including friction and hydraulic)

**E47L** Defective snubbing (LOCOMOTIVE)

**E48C** Broken, missing, or otherwise defective springs (including incorrect repair and/or installation)

**E48L** Broken, missing, or otherwise defective springs (LOCOMOTIVE)

**E4TC** Truck hunting

**E4TL** Truck hunting (LOCOMOTIVE)

**E49C** Other truck component defects, including mismatched side frames (CAR) (Provide detailed description in narrative)

**E49L** Other truck component defects, (LOCOMOTIVE) (Provide detailed description in narrative)

***Axles and Journal Bearings***

**E51C** Broken or bent axle between wheel seats

**E51L** Broken or bent axle between wheel seats (LOCOMOTIVE)

**E52C** Journal (plain) failure from overheating

**E52L** Journal (plain) failure from overheating (LOCOMOTIVE)

**E53C** Journal (roller bearing) failure from overheating

**E53L** Journal (roller bearing) failure from overheating- LOCOMOTIVE

**E54C** Journal fractured, new cold break

**E54L** Journal fractured, new cold break (LOCOMOTIVE)

**E55C** Journal fractured, cold break, previously overheated

**E55L** Journal fractured, cold break, previously overheated (LOCOMOTIVE)

**E59C** Other axle and journal bearing defects (CAR) (Provide detailed description in narrative)

**E59L** Other axle and journal bearing defects (LOCOMOTIVE) (Provide detailed description in narrative)

***Wheels***

**E60C** Broken flange

**E60L** Broken flange (LOCOMOTIVE)

**E61C** Broken rim

**E61L** Broken rim (LOCOMOTIVE)

**E62C** Broken plate

**E62L** Broken plate (LOCOMOTIVE)

**E63C** Broken hub

**E63L** Broken hub (LOCOMOTIVE)

**E64C** Worn flange

**E64L** Worn flange (LOCOMOTIVE)

**E65C** Worn tread

**E65L** Worn tread (LOCOMOTIVE)

**E66C** Damaged flange or tread (flat)

**E66L** Damaged flange or tread (flat) (LOCOMOTIVE)

### APPENDIX C - Continued

**E67C** Damaged flange or tread (build up)

**E67L** Damaged flange or tread (build up) (LOCOMOTIVE)

**E68C** Loose wheel

**E68L** Loose wheel (LOCOMOTIVE)

**E6AC** Thermal crack, flange or tread

**E6AL** Thermal crack, flange or tread (LOCOMOTIVE)

**E69C** Other wheel defects (CAR) (Provide detailed description in narrative)

**E69L** Other wheel defects (LOCOMOTIVE) (Provide detailed description in narrative)

***Locomotives***

**E70L** Running gear failure (LOCOMOTIVE)

**E71L** Traction motor failure (LOCOMOTIVE)

**E72L** Crank case or air box explosion (LOCOMOTIVE)

**E73L** Oil or fuel fire (LOCOMOTIVE)

**E74L** Electrically caused fire (LOCOMOTIVE)

**E75L** Current collector system (LOCOMOTIVE)

**E76L** Remote control equipment inoperative (LOCOMOTIVE)

**E77L** Broken or defective swing hanger or spring plank (LOCOMOTIVE)

**E78L** Pantograph defect (LOCOMOTIVE)

**E7AL** On-board computer - failure to respond (LOCOMOTIVE)

**E7BL** Third rail shoe or shoe beam (LOCOMOTIVE)

**E79L** Other locomotive defects (Provide detail description in narrative)

***Doors***

**E80C** Box car plug door open

**E81C** Box car plug door, attachment defective **E82C** Box car plug door, locking lever not in place **E83C** Box car door, other than plug, open

**E84C** Box car door, other than plug, attachment defective

**E85C** Bottom outlet car door open

**E86C** Bottom outlet car door attachment defective

**E89C** Other car door defects (Provide detail description in narrative)

***General Mechanical and Electrical Failures***

**E99C** Other mechanical and electrical failures, (CAR) (Provide detailed description in narrative)

**E99L** Other mechanical and electrical failures, (LOCOMOTIVE) (Provide detailed description in narrative)

**TRAIN OPERATION - HUMAN FACTORS**

***Brakes, Use of***

**H008** Improper operation of train line air connections (bottling the air)

**H017** Failure to properly secure engine(s) (railroad employee)

**H018** Failure to properly secure hand brake on car(s) (railroad employee)

**H019** Failure to release hand brakes on car(s) (railroad employee)

**H020** Failure to apply sufficient number of hand brakes on car(s) (railroad employee)

**H021** Failure to apply hand brakes on car(s) (railroad employee)

### APPENDIX C - Continued

**H022** Failure to properly secure engine(s) or car(s) (non railroad employee) **H025** Failure to control speed of car using hand brake (railroad employee) **H099** Use of brakes, other (Provide detailed description in narrative)

***Employee Physical Condition***

**H101** Impairment of efficiency or judgment because of drugs or alcohol

**H102** Incapacitation due to injury or illness **H103** Employee restricted in work or motion **H104** Employee asleep

**H199** Employee physical condition, other (Provide detailed description in narrative)

***Flagging, Fixed, Hand and Radio Signals***

**H201** Blue Signal**,** absence of

**H202** Blue Signal**,** improperly displayed **H205** Flagging, improper or failure to flag **H206** Flagging signal, failure to comply **H207** Hand signal, failure to comply **H208** Hand signal improper

**H209** Hand signal, failure to give/receive **H210** Radio communication, failure to comply **H211** Radio communication, improper

**H212** Radio communication, failure to give/receive

**H217** Failure to observe hand signals given during a wayside inspection of moving train

**H218** Failure to comply with failed equipment detector warning or with applicable train inspection rules.

**H219** Fixed signal (other than automatic block or interlocking signal), improperly displayed.

**H220** Fixed signal (other than automatic block or interlocking signal), failure to comply.

**H221** Automatic block or interlocking signal displaying a stop indication - failure to comply.\*

**H222** Automatic block or interlocking signal displaying other than a stop indication - failure to comply.\*

**H299** Other signal causes (Provide detailed description in narrative)

**Note for Codes H221, H222, and H605: For accidents involving noncompliance by crew members with the indication of block or interlocking signals, the appropriate human factor cause relating to failure to comply with the signal should always be used as the primary cause. Code H605, “Failure to comply with restricted speed in connection with the restrictive indication of a block or interlocking signal,” should be shown as the contributing cause in those accidents arising from noncompliance with block or interlocking signal conveying a restrictive indication. Code H607 may be used as the primary cause code when the accident did not involve block or interlocking signals, but arose due to noncompliance by crew members with timetable special instructions, equipment restrictions, and/or operating rules or procedures.**

***General Switching Rules***

**H301** Car(s) shoved out and left out of clear

**H302** Cars left foul

**H303** Derail, failure to apply or remove

**H304** Hazardous materials regulations, failure to comply

**H305** Instruction to train/yard crew improper

**H306** Shoving movement, absence of man on or at leading end of movement

### APPENDIX C - Continued

**H307** Shoving movement, man on or at leading end of movement, failure to control

**H308** Skate, failure to remove or place **H309** Failure to stretch cars before shoving **H310** Failure to couple

**H311** Moving cars while loading ramp/hose/chute/cables/bridge plate, etc., not in proper position

**H312** Passed couplers (other than automated classification yard)

**H313** Retarder, improper manual operation **H314** Retarder yard skate improperly applied **H315** Portable derail, improperly applied

**H316** Manual intervention of classification yard automatic control system modes by operator

**H317** Humping or cutting off in motion equipment susceptible to damage, or to cause damage to other equipment

**H318** Kicking or dropping cars, inadequate precautions

**H399** Other general switching rules (Provide detailed description in narrative)

***Main Track Authority***

**H401** Failure to stop train in clear

**H402** Motor car or on-track equipment rules, failure to comply

**H403** Movement of engine(s) or car(s) without authority (railroad employee)

**H404** Train order, track warrant, track bulletin, or timetable authority, failure to comply

**H405** Train orders, track warrants, direct traffic control, track bulletins, radio, error in preparation, transmission or delivery

**H406** Train orders, track warrants, direct traffic control, track bulletins, written, error in preparation, transmission or delivery

**H499** Other main track authority causes (Provide detailed description in narrative)

***Train Handling/Train Makeup***

**H501** Improper train make-up at initial terminal

**H502** Improper placement of cars in train between terminals **H503** Buffing or slack action excessive, train handling **H504** Buffing or slack action excessive, train makeup

**H505** Lateral drawbar force on curve excessive, train handling

**H506** Lateral drawbar force on curve excessive, train makeup

**H507** Lateral drawbar force on curve excessive, car geometry (short car/long car combination)

**H508** Improper train make-up

**H509** Improper train inspection

**H510** Automatic brake, insufficient (H001) -- see note after cause H599

**H511** Automatic brake, excessive (H002)

**H512** Automatic brake, failure to use split reduction (H003)

**H513** Automatic brake, other improper use (H004)

**H514** Failure to allow air brakes to fully release before proceeding (H005) **H515** Failure to properly cut-out brake valves on locomotives (H006) **H516** Failure to properly cut-in brake valves on locomotives (H007) **H517** Dynamic brake, insufficient (H009)

**H518** Dynamic brake, excessive (H010)

**H519** Dynamic brake, too rapid adjustment (H011) **H520** Dynamic brake, excessive axles (H012) **H521** Dynamic brake, other improper use (H013) **H522** Throttle (power), improper use (H014)

**H523** Throttle (power), too rapid adjustment (H015)

### APPENDIX C - Continued

**H524** Excessive horsepower (H016)

**H525** Independent (engine) brake, improper use (except actuation) (H023)

**H526** Failure to actuate off independent brake (H024)

**H599** Other causes relating to train handling or makeup (Provide detailed description in narrative)

**Note: The description of the causes for codes H510 through H526 were originally found in subgroup “Brakes, Use of.” It has been decided that these causes are more appropriate to the “Train Handling/Train Makeup” subgroup. Consequently, it was necessary to assign new codes in order to maintain the coding convention and to simplify grouping of causes by computer. The original code has been appended to the description to aid in data conversion.**

***Speed***

**H601** Coupling speed excessive

**H602** Switching movement, excessive speed

**H603** Train on main track inside yard limits, excessive speed

**H604** Train outside yard limits, in block signal or interlocking territory, excessive speed

**H605** Failure to comply with restricted speed in connection with the restrictive indication of a block or interlocking signal.

**H606** Train outside yard limits in nonblock territory, excessive speed

**H607** Failure to comply with restricted speed or its equivalent not in connection with a block or interlocking signal.

**H699** Speed, other (Provide detailed description in narrative)

***Switches, Use of***

**H701** Spring Switch not cleared before reversing

**H702** Switch improperly lined **H703** Switch not latched or locked **H704** Switch previously run through

**H705** Moveable point switch frog improperly lined

**H706** Switch improperly lined, radio controlled

**H707** Radio controlled switch not locked effectively (Human Error)

**H799** Use of switches, other (Provide detailed description in narrative)

***Cab Signals***

**H821** Automatic cab signal, failure to comply

**H822** Automatic cab signal cut out

**H823** Automatic train-stop device cut out

**H824** Automatic train control device cut out

**H899** Other causes relating to cab signals (provide detailed description in narrative)

***Miscellaneous***

**H991** Tampering with safety/protective device(s)

**H992** Operation of locomotive by uncertified/unqualified person

**H993** Human Factor - track

### APPENDIX C - Continued

**Example: Track is inspected and an FRA defect is found; however, the track supervisor decides to delay repairs and does not slow order that location. A derailment occurs which is attributable to the defective track condition.**

**Example: A railroad employee (or a contracted employee), while using a bulldozer to rerail cars, caused damage to the rail on an adjacent main track. A train passing on this adjacent main track derailed due to the damage caused by the bulldozer operated by the railroad employee (or an employee contracted by the railroad).**

**H994** Human Factor - Signal installation or maintenance error (field)

**Example: A signal maintainer was servicing the signal system. It was later determined during the investigation of a rear-end collision that the signal maintainer made an installation/maintenance error resulting in an incorrect aspect being displayed in the wayside signal or cab signal.**

**H99A** Human Factor - Signal - Train Control - Installation or maintenance error (shop).

**H99B** Human Factor - Signal - Train Control - Operator Input On-board computer incorrect data entry. **H99C** Human Factor - Signal - Train Control - Operator Input On-board computer incorrect data provided **H99D** Computer system design error (non vendor)

**H99E** Computer system configuration/management error (non vendor)

**H995** Human Factor - Motive power and equipment

**Example: A car inspector observes an obvious thin flange wheel that normally requires the car to be removed from service. However, because the train is ready to leave, he elects to leave in service. The wheel splits the next switch point and the car derails.**

**H996** Oversized loads or Excess Height/Width cars, misrouted or switched.

**H997** Motor car or other on-track equipment rules (other than main track authority) - Failure to Comply.

**H999** Other train operation/human factors (Provide detailed description in narrative)

**MISCELLANEOUS CAUSES NOT OTHERWISE LISTED**

***Environmental Conditions***

**M101** Snow, ice, mud, gravel, coal, sand, etc. on track **M102** Extreme environmental condition - TORNADO **M103** Extreme environmental condition - FLOOD **M104** Extreme environmental condition - DENSE FOG

**M105** Extreme environmental condition - EXTREME WIND VELOCITY

**M199** Other extreme environmental conditions (Provide detailed description in narrative)

***Loading Procedures***

**M201** Load shifted **M202** Load fell from car **M203** Overloaded car

**M204** Improperly loaded car

**M206** Trailer or container tiedown equipment improperly applied

**M207** Overloaded container/trailer on flat car

**M208** Improperly loaded container/trailer on flat car

### APPENDIX C - Continued

**M299** Miscellaneous loading procedures (Provide detailed description in narrative)

***Highway-Rail Grade Crossing Accidents***

**M301** Highway user impairment because of drug or alcohol usage (as determined by local authorities, e.g., police)

**M302** Highway user inattentiveness

**M303** Highway user misjudgment under normal weather and traffic conditions **M304** Highway user cited for violation of highway-rail grade crossing traffic laws **M305** Highway user unawareness due to environmental factors (angle of sun, etc.)

**M306** Highway user inability to stop due to extreme weather conditions (dense fog, ice or snow packed road, etc.)

**M307** Malfunction, improper operation of train activated warning devices **M308** Highway user deliberately disregarded crossing warning devices **M309** Suicide (Highway-Rail Grade Crossing Accident)

**M310** Attempted Suicide (Highway-Rail Grade Crossing Accident)

**M399** Other causes (Provide detailed description in narrative)

***Unusual Operational Situations***

**M401** Emergency brake application to avoid accident

**M402** Object or equipment on or fouling track (motor vehicle - other than highway-rail crossing)

**M403** Object or equipment on or fouling track (livestock)

**M404** Object or equipment on or fouling track - other than above (for vandalism, see code M503)

**M405** Interaction of lateral/vertical forces (includes harmonic rock off)

**M406** Fire, other than vandalism, involving on-track equipment

**M407** Automatic hump retarder failed to sufficiently slow car due to foreign material on wheels of car being humped

**M408** Yard skate slid and failed to stop cars

**M409** Objects such as lading chains or straps fouling switches **M410** Objects such as lading chains or straps fouling wheels **M411** Passed couplers (automated classification yard)

***Other Miscellaneous***

**M501** Interference (other than vandalism) with railroad operations by non-railroad employee

**M502** Vandalism of on-track equipment, e.g., brakes released

**M503** Vandalism of track or track appliances, e.g., objects placed on track, switch thrown, etc.

**M504** Failure by non-railroad employee, e.g., industry employee, to control speed of car using hand brake

**M505** Cause under active investigation by reporting railroad (Amended report will be forwarded when reporting railroad’s active investigation has been completed.)

**M506** Track damage caused by non-railroad interference with track structure

**M507** Investigation complete, cause could not be determined (When using this code, the narrative must include the reason(s) why the cause of the accident/incident could not be determined.)

**M509** Suicide (Other Miscellaneous)

**M510** Attempted suicide (Other Miscellaneous)

**M599** Other miscellaneous causes (Provide detailed description in narrative)

### APPENDIX C - Continued

#### Definitions and Guidelines to support Train Accident Cause Codes

**1. “Fixed Signal”**

A signal of fixed location indicating a condition affecting the movement of a train or engine. Note: The definition of a “Fixed Signal” covers such signals as switch, train order, block, interlocking, semaphore, disc, stop board, yard limit boards, direct traffic control signs, or other means for displaying indications that govern the movement of a train or engine.

Codes H219 and H220 have been designed to capture accidents/incidents that result from fixed signals other than automatic block or interlocking signals. Events of this type would result from the improper display of, or failure to comply with, switch targets; train order signals that are not a part of the automatic block or interlocking signal system; semaphore signals; discs; stop boards at railroad crossings or other locations; and/or yard limit boards. Code H219 is to be used for improper display, and Code 220 for failure to comply.

**APPENDIX D**

**Employee Job Codes**

**EXECUTIVES, OFFICIALS, AND STAFF ASSISTANTS**

|  |  |  |
| --- | --- | --- |
| **101** | Executives and General Officers | President, Vice President, Asst. Vice President, Controller, General Counsel, Treasurer, Director (head of subdepartment), General Supt., (subdept. head), Chief Engineer, General Manager (department or subdepartment head), Chief Medical Officer. |
| **102** | Corporate Staff Managers | Director (other than subdepartment head), Asst. Director, Asst. General Manager (not regional), Manager, Asst.  Manager, Asst. Chief Engineer, Purchasing Agent, Asst. General Counsel, Superintendent (not division), Asst. to (corporate, executive or general officer), Executive Asst. (to corporate executive) Budget Officer. |
| **103** | Regional and Division Officers’ Assistants and Staff Assistants | Asst. General Manager, Asst. Regional Manager, General Supt., Asst. to General Manager, Division Supt., Master Mechanic, District Engineer, Asst. Superintendent, Captain of Police, Division Engineer. |
| **104** | Transportation Officers/Managers | Trainmaster, Asst. Train Master, General Yardmaster, General Road Foreman, Road Foreman, Asst. Road Foreman, Chief Power Supervisor (motive). |
| **100** | Executives, Officials, and Staff Assistants (other) | Executives, Officials, and Staff Assistants not listed above. |

#### PROFESSIONAL AND ADMINISTRATIVE

|  |  |  |
| --- | --- | --- |
| **201** | Professionals (other than those reported in 101 and 102) | General Attorney, Asst. General Attorney, Attorney, Commerce Counsel, Medical Officer, Surgeon, Company Surgeon, Engineer, Architect, Chief Chemist, Nurse, General Accountant, Corporate Accountant, Supervisor Programming, Senior Computer System Specialist, Senior System Analyst, Chief Draftsman. |
| **202** | Subprofessionals | Draftsman, Chemist, Asst. Chemist, X-ray Technician, Supervisor Estimating, Junior Engineer, Engineering Trainee, Photographer, Computer Programmer, Computer Analyst, Market Analyst, Pricing Analyst, Employment Supervisor, Research Analyst. |
| **203** | Auditors, Traveling Auditors | Traveling Auditor, Accounting Specialist Auditors, Operations Traveling Auditors, Station Auditors. |

**APPENDIX D - Continued**

|  |  |  |
| --- | --- | --- |
| **204** | General & Administrative Supervisors | General Supervisor, Supervisor, Chief Clerk, Office Supervisor, Supervisor Administration Office Manager, Supervising Clerk, Head Clerk, Asst. Chief Clerk, Supervising Cashier, Division Supervisor, Regional Supervisor, Budget Supervisor, Administrative Supervisor, Manager of Materials, Administrative Asst. |
| **205** | Sales & Traffic Representatives & Agents | Freight Traffic Agent, Coal Traffic Agent, Sales Representative, Freight Sales Representative, Freight Traffic Representative, Passenger Sales Representative. |
| **206** | Freight and Other Claims Agents and Investigators | Claim Agent, Claim Investigator, Freight Claim Agent, Freight Claim Investigator. |
| **207** | Supervising & Chief Claim Agents | Chief Claim Agent, Chief Freight Claim Agent, Asst. Chief Claim Agent, Chief District Claim Agent, District Freight Claim Agent, Chief Claim Investigator. |
| **208** | Lieutenants & Sergeants of Police | Police Lieutenant, Police Sergeant. |
| **209** | Police Officers, Watcher and Guards (Except Crossing and Bridge) | Police Officer, Patrolman, Watchman, Guard. |
| **210** | Inspectors (Except Maintenance of Way & Equipment), Other Investigators, Examiners, Instructors, and Other Agents (Except Station Agents) | Rules Examiner, Supervisor Rules, Safety Supervisor, Safety Inspector, Fire Marshall, Fire Chief, Instructor, Supervisor Procedures, Supervisor Yard Procedures, Real Estate Agent, Real Estate Supervisor, Tax Agent. |
| **211** | Buyers, and Sales Agents | Buyer, Asst. Buyer, Sales Agent, Asst. Sales Agent. |
| **212** | Clerical Technicians and Clerical Specialists | Lead Clerk, Staff Asst., (clerical, Statistician, Cashier, Teller, Asst. Statistician, Rate Clerk, Pricing Clerk, Computer Technician. |
| **213** | Office Machine and Data Equipment Operators | Machine Operator, Clerk, Computer Operator, Keypunch Operator, Office Machine Technician. |
| **214** | Secretaries, Stenographers, and Typists | Secretary, Stenographer, Typists, Clerk Typists, Steno- clerk. |
| **215** | General and Other Clerks (excluding yard clerk and crew dispatcher) | File Clerk, General Clerk, Bookkeeper, Ticket Clerk, Records Clerk, Trace Clerk, Assignment Clerk, Personnel Clerk, M O W Clerks, M of W Clerks. |
| **216** | Telephone & Switchboard Operators | Switchboard Operator, Chief Operator. |
| **217** | Building & Office Attendants | Elevator Operator, Elevator Starter, Janitor, Cleaner, Porter. |
| **218** | Messengers & Office Persons | Messenger, Office Person. |
| **219** | Motor Vehicle Operators | Truck Driver, Bus Driver, Driver, Chauffeur. |

**APPENDIX D - Continued**

**200** Professional and Administrative (other) Professional and Administrative not listed above.

**MAINTENANCE OF WAY AND STRUCTURES**

|  |  |  |
| --- | --- | --- |
| **301** | Supervisors, Maintenance of Way, Structures, Communication & Signals | Roadmaster, Division Roadmaster, Supervisor Track, Supervisor Bridge and Buildings, Supervisor Communications and Signals, Asst. Supervisor, General Foreman (MW&S), Asst., General Foreman (MW&S), Master Carpenter. |
| **302** | Maintenance of Way, Structures,  Communication and Signals, and Scale Inspectors | Chief Bridge & Building Inspector, Chief Scale Inspector, Bridge & Building Inspector,  Roadway Equipment Inspector, Track & Roadway Inspector, Instrument Man, Roadman, Chairman, Inspector Communications & Signals, Signal Inspector. |
| **303** | Bridge and Building Gang Foreman | Gang Foreman, Lead Workman. |
| **304** | Bridge and Building Carpenters | Carpenter. |
| **305** | Bridge and Building Ironworkers | Ironworker. |
| **306** | Bridge and Building Painters | Painter, Sign Painter. |
| **307** | Masons, Bricklayers, Plasterers, and Plumbers | Mason, Bricklayer, Plasterer, Plumber, Operator, Grinder, Welder (M of W). |
| **308** | Bridge and Building Helpers and Apprentices | Carpenter Helper, Ironworker Helper, Mason Helper, Plumber Helper, Painter Helper, Apprentice Carpenter, Apprentice Ironworker, Apprentice Mason, Plumber Apprentice, Apprentice Painter, Welder Helper. |
| **309** | Bridge and Building Gang and Bridge and Building Dept. Laborers | Bridge and Building Laborer. |
| **310** | Track Gang Foreman (Extra Gang work train laborers) | Gang Foreman, Asst. Foreman. |
| **311** | Gang or Section Foreman | Gang Foreman, Asst. Foreman, Section Foreman. |
| **312** | Extra Gang Laborers | Trackman, Fence Laborer. |
| **313** | Section Laborers | Track, Track and Roadway Section Laborer. |
| **314** | Machine Operators | Craneman, Portable Equipment Engineer, Portable Equipment Operator, Helper. |

### APPENDIX D - Continued

|  |  |  |
| --- | --- | --- |
| **315** | Gang Foreman, Communications | Gang Foreman, Asst. Gang Foreman, Lead Signal Maintainer. |
| **316** | Signalmen & Signal Maintainers | Signalman, Signal Maintainer. |
| **317** | Linemen, Groundmen, and Communications Craftsman | Electrical Worker (Lineman), Electrical Worker (Groundman Communications Maintainer). |
| **318** | Assistant Signalmen and Assistant Signal Maintainers | Asst. Signalman, Asst. Signal Maintainer. |
| **319** | Signal Helpers and Signal Maintainer Helpers | Signalman Helper, Signal Maintainer Helper. |
| **320** | Camp Car Cooks | Camp Car Cook, Camp Car Helpers. |
| **300** | Maintenance of Way and Structures | Maintenance of Way and Structures not listed above. |

**MAINTENANCE OF EQUIPMENT AND STORES**

|  |  |  |
| --- | --- | --- |
| **401** | Supervisors and General Foremen Maintenance of Equipment | General Foreman Shop, General Foreman Engine house, General Foreman Diesel Terminal, Asst. General Foreman (M of E). |
| **402** | Supervisors and General Foremen, Materials and Stores | Supervisor Materials, Asst. Supervisor, Materials, General Foreman Stores, General Foreman Reclamation Plant, Asst. General Foreman. |
| **403** | Equipment, Shop, Electrical Inspectors | Chief Electrical Inspector, Chip Shop & Equipment Inspector, Electrical Inspector, Inspector Diesel Locomotive, Fuel Inspector. |
| **404** | Materials and Supplies Inspectors | Materials & Supplies Inspector, Chief Materials & Supplies Inspector, Timber Inspector, Tie Inspector. |
| **405** | Storekeeper | Storekeeper, Assistant, Storekeeper, Materials Clerk, Store Clerk. |
| **406** | Gang Foremen, Maintenance of Equipment | Gang Foreman. |
| **407** | Blacksmith | Blacksmith. |
| **408** | Boilermakers | Boilermaker. |
| **409** | Carmen (Freight) | Car Repairman, Car Inspector, Carman, Painter. |
| **410** | Carmen (Other) | Carman. |
| **411** | Electrical Workers (A) | Electrician, Electrical Worker. |
| **412** | Electrical Workers (B) | Crane Operator, Lead Dispatcher, Power Station Operator, |

### APPENDIX D - Continued

|  |  |  |
| --- | --- | --- |
| **413** | Electrical Workers (C) | Asst. Power Director.  Coal and Ore Elevator Operator (electrical), Grain |
|  |  | Elevator Operator (electrical). |
| **414** | Machinists | Machinist. |
| **415** | Sheet Metal Workers | Sheet Metal Worker. |
| **416** | Skilled Trades, Helpers, Maintenance of Equipment and Stores | Helper. |
| **417** | Apprentices, Maintenance of Equipment and Stores | Apprentice, Helper Apprentice. |
| **418** | Coach Cleaners | Coach Cleaner. |
| **419** | Laborers: Shops, Engine houses, and Power Plants | Laborer. |
| **420** | Gang Foreman, Materials and Stores | Gang Foreman. |
| **421** | Equipment Operators and General Laborers, Materials and Stores | Laborer, Materials Handler, Equipment Operators, Machine Operators. |
| **422** | Stationary Engineers | Chief Engineer (Steam Plant), Engineer, Stationary Engineer. |
| **423** | Stationary Fireman | Stationary Fireman, Power Equipment Operator, Helper, Oiler. |
| **400** | Maintenance of Equipment and Stores (other) | Maintenance of Equipment and Stores not listed above. |

**TRANSPORTATION, OTHER THAN TRAIN AND ENGINE**

|  |  |  |
| --- | --- | --- |
| **501** | Transportation Supervisor and Chief Train Dispatcher | Chief Train Dispatcher, Supervisor Train Operations, Transportation Supervisor, Supervisor Train Operations, Supervisor Locomotive & Car Distribution, Asst. Chief Train Dispatcher. |
| **502** | Train Dispatchers | Train Dispatcher. |
| **503** | Station, Freight and Passenger Agents | Supervising Station Agent, Asst. Supervising Station Agent, Station Agent, Freight Agent, Passenger Agent, Ticket Agent, Traveling Agent, Agent Operators. |
| **504** | Chief Operators and Wire Chiefs | Supervising Operator, Chief Operator, Asst. Supervising Operator, Wire Chief. |
| **505** | Clerk Operators, Towermen, Train Directors | Clerk Operator, Block Operator, Operator, Towerman, Train Directors. |

### APPENDIX D - Continued

|  |  |  |
| --- | --- | --- |
| **506** | Station Masters and Asst., Supervising Baggage Agents, Baggage Agents and Asst. | Station Master, Asst. Station Master, Supervising Baggage Agent, Baggage Agent, Asst. Baggage Agent, Parcel Room Agent. |
| **507** | Baggage, Parcel Room and Station Attendants | Baggage Attendant, Parcel Room Attendant, Station Attendant, Gateman, Announcer, Station Usher, Red Cap, Information Bureau Attendant. |
| **508** | General and Assistant General Foremen, Stations, Warehouses, Grain Elevators, and Docks | General Foreman, Asst. General Foreman. |
| **509** | Gang Foremen, Stations, Warehouses, Grain Elevators and Docks | Gang Foreman. |
| **510** | Grain Elevator and Dock Laborers | Laborer. |
| **511** | Station and Warehouse Laborers | Loader, Sealer. |
| **512** | Truckers (Station, Warehouse & Platforms). | Trucker. |
| **513** | Food and Lodging Manager, Supervisors | Manager Lodging House, Restaurant Manager, Dining Car Supervisor, Dining Car Steward. |
| **514** | Transportation and Dining Service Inspectors | Instructor Chef, Restaurant Inspectors, Freight Service Inspector, Baggage Inspector. |
| **515** | Waiters and Kitchen Helpers (Restaurant and Dining Car) | Waiter-in-charge, Waiter. |
| **516** | Chefs and Cooks (Restaurant and Dining Car) | Chef, Cook. |
| **517** | Marine Officers and Workers and Shore Workers | Captain, Engineer, Mate, Deckhand, Oiler Purser, Boat Master, Fireman, Wharf Master, Able Seaman, Baggageman, Boat Dispatcher. |
| **518** | Train Attendants | Porter, Buffet Lounge Attendant, Stewardess. |
| **519** | Bridge Operators and Helpers | Bridge Operator. |
| **520** | Bridge and Crossing Flagman & Gateman | Bridge Flagman, Crossing Gateman. |
| **521** | Yard Clerks | Yard Clerk, Yard Clerk Caller, Yard Demurrage Clerk, Yard Dispatcher Clerk, Piggyback Clerk. |
| **522** | Crew Dispatchers | Crew Dispatcher, Crew Caller. |
| **523** | Yardmaster & Asst. Yardmasters | Yardmaster, Asst. Yardmaster. |
| **500** | Transportation, Other Than Train and Engine (others) | Transportation, Other Than Train and Engine not listed above. |

**APPENDIX D - Continued**

**TRANSPORTATION, TRAIN AND ENGINE**

|  |  |  |
| --- | --- | --- |
| **601** | Switchtenders | Switchtender. |
| **602** | Car Retarder Operators and Ground Service Employees | Car Retarder Operator, Skatesman, Herder, Yard Pilot. |
| **603** | Outside Hostlers | Outside Hostler. |
| **604** | Outside Hostler Helpers | Outside Hostler Helper. |
| **605** | Inside Hostler | Inside Hostler. |
| **606** | Road Passenger Conductors | Passenger Conductor. |
| **607** | Asst. Road Passenger Conductors and Ticket Collectors | Asst. Passenger Conductor, Ticket Collector. |
| **608** | Road Freight Conductors (Through Freight). | Freight Conductor, Work Train Conductor, (paid through rate). |
| **609** | Road Freight Conductors (Local and Way Freight) | Freight Conductor, Work Train Conductor, (paid local rate). |
| **610** | Lead Passenger Baggageperson | Baggageperson. |
| **611** | Lead Passenger Brakemen and Flagmen | Passenger Brakeman, Passenger Flagmen. |
| **612** | Road Freight Brakemen and Flagmen (Through Freight) | Freight Brakeman, Freight Flagman, Work Train Brakeman (paid through rate). |
| **613** | Road Freight Brakemen and Flagmen (Local and Way Freight) | Freight Brakeman, Freight Flagman, Work Train Brakeman, (paid local rate). |
| **614** | Yard Conductors and Yard Foremen | Yard Conductor, Yard Foreman. |
| **615** | Yard Brakemen and Yard Helpers | Yard Brakeman, Yard Helper. |
| **616** | Road Passenger Engineers and Motormen | Passenger Engineer, Motorman Operator. |
| **617** | Road Freight Engineers (Through Freight). | Freight Engineer, Work Train Engineer (paid through rate). |
| **618** | Road Freight Engineers (Local and Way Freight). | Freight Engineer, Work Train Engineer (paid local rate). |
| **619** | Yard Engineers | Yard Engineer. |
| **620** | Road Passenger Firemen and Helpers | Passenger Fireman. |

### APPENDIX D - Continued

|  |  |  |
| --- | --- | --- |
| **621** | Road Freight Firemen and Helpers, (Through Freight) | Freight Fireman. |
| **622** | Road Freight Fireman and Helpers, (Local and Way Freight) | Freight Fireman. |
| **623** | Yard Firemen and Helpers | Yard Fireman. |
| **630** | Remote Control Locomotive Operator - Operating | Person operating remote control locomotive at the time of the injury regardless of any other job title. |
| **631** | Remote Control Locomotive Operator - Not Operating | Person carrying remote control locomotive device at the time of the injury regardless of any other job title. |
| **600** | Transportation, Train and Engine (other) | Transportation, Train and Engine not listed above. |

**APPENDIX E**

**Injury and Illness Codes**

**INJURIES**

Use the codes on this page to identify the nature and body part affected for both fatal and nonfatal injuries. For example, a broken collarbone would be recorded as “**706E**.” When an individual has sustained multiple injuries, the most severe of these is to be identified. If the injuries are of equal severity, for example, cuts or abrasions on arms and legs, then the multiple location code “8” may be used.

**NATURE OF INJURY CODES**

**10** Bruise or contusion

**13** Crushing injury

**20** Sprain or strain

**30** Cut/laceration or abrasion

1. Puncture wound (other than needle stick)
2. Needle stick

**40** Electrical shock or burn

**50** Other burns

**60** Dislocation

1. Fracture (broken bone)
2. Rupture/tear, e.g., tendon, cartilage (for hernia, use code 92)
3. Gunshot/knife wounds
4. Animal/snake/insect bite
5. Dental related

**80** Amputation

1. **FATALLY INJURED**
2. Foreign object in eye
3. Hernia
4. Concussion/closed head injury **94** Nervous shock (injury related) **95** Internal injury
5. Loss of eye
6. Reaction from one-time external

exposure to chemicals, e.g., solvents, creosote.

1. Symptoms due to one-time exposure to loud noise, e.g., an explosion

**9A** Symptoms due to one-time inhalation exposure to airborne contamination that does not exceed a single duty tour and without long term or permanent consequences

**9B** Medical removal (under OSHA medical surveillance requirements)

1. All other injuries

**LOCATION OF INJURY CODES**

**1 Arm or hand: A** - upper arm **B** - elbow

**C** - lower arm

**D** - wrist

**E** - hand (general)

**F** - thumb/fingers

**G** - finger/thumb nail(s)

**5 Head or face: A** - eye

**G** - eye area (not eyeball), e.g., eye lid

**B** - ear and surrounding area

**C** - nose

**D** - mouth/teeth **E** - skull/scalp **F** - neck/throat **H** - jaw/chin

**I** - cheek

**J** - forehead

**K** - intracranial

**3 Leg or foot: A** - upper leg **B** - knee

**C** - lower leg

**D** - ankle **E** - heel **F** - toes

**G** - foot (general)

#### APPENDIX E - Continued

**6 Torso:**

**A** - spine/spinal cord

**B** - upper back

**C** - lower back

**D** - shoulder (includes rotator cuff)

**E** - collar bone

**F -** ribs/sternum

**G** - internal injuries

**H**- external injuries - other

**I** - hips/buttocks/pelvis **J** - genitalia/groin area **K -** abdomen

**L** - chest

**8 Injuries to multiple body 9 Other body parts parts of relatively**

**equal severity**

**OCCUPATIONAL ILLNESS CODES**

***Occupational Skin Diseases or Disorders***

**1101** Dermatitis (inflammation of the skin)

**1102** Eczema - inflammation of the skin characterized by the formation of vesicles (blisters) which may be either acute or chronic

**1103** Rash caused by primary irritants and sensitizers or poisonous plants

**1104** Oil acne - sometimes known as oil folliculitis, it is an inflammation of the hair follicles caused by depositing of oil into them, resulting in inflammation, swelling, redness and pus formation

**1105** Chrome ulcers - pitted sores of the skin that are slow or resistant to healing, caused by exposure to chromium salts

**1107** Other occupational skin diseases or disorders

**1109 DEATH resulting from occupational skin diseases or disorders**

***Dust Diseases of the Lungs (Pneumoconioses)***

**1111** Silicosis - caused by the depositing of dust containing free silica into the lung

**1112** Asbestosis - caused by the presence of asbestos in the lung

**1113** Coal worker's pneumoconiosis (formerly known as black lung) - caused by the depositing of coal dust in the lung

#### APPENDIX E - Continued

**1114** Byssinosis (formerly known as brown lung) - caused by the depositing of cotton dust in the lung

**1115** Pneumoconioses, other. Other lung diseases characterized by the presence of dust in the lungs and the lungs reaction to that dust.

**1119 DEATH resulting from dust diseases of the lungs**

***Respiratory Conditions Due to Toxic Agents* 1121** Pneumonitis - inflammation of the lungs **1122** Pharyngitis - inflammation of the throat **1123** Rhinitis - inflammation of the nose

**1124** Acute congestion due to chemicals, dust, gases, or fumes

**1125** Farmers lung

**1126** Other respiratory conditions due to toxic agents

**1129 DEATH resulting from respiratory conditions due to toxic agents**

***Poisoning (Systemic Effects of Toxic Materials)***

**1131** Poisoning by lead, mercury, cadmium, arsenic, or other metals **1132** Poisoning by carbon monoxide, hydrogen sulfide or other gases **1133** Poisoning by benzol, carbon tetrachloride, or other organic solvents **1134** Poisoning by insecticide sprays such as parathion, lead arsenate **1135** Poisoning by chemicals such as formaldehyde, plastics and resins **1136** Other poisoning due to the systemic effects of toxic materials

**1139 DEATH resulting from poisoning**

***Disorders Due to Physical Agents (Other than Toxic Materials***

**1141** Heat stroke/sun stroke - serious heat-related condition in which the patient often stops sweating and experiences a marked rise in core temperature

#### APPENDIX E - Continued

**1142** Effects of ionizing radiation - refers to the various effects of ionizing radiation, e.g. gamma rays or x- rays

**1143** Effects of non-ionizing radiation - refers to the effects of electro-magnetic radiation, e.g., radio waves, microwaves, welding flash, ultraviolet rays of the sun, etc.

**1144** Heat exhaustion - heat-related condition of moderate degree which, if not treated, may lead to heat stroke.

**1145** Freezing/frostbite - freezing of tissue with disruption of the blood supply

**1146** Other disorders due to physical agents other than toxic materials

**1149 DEATH resulting from physical agents (other than toxic materials)**

***Disorders Due to Repeated Trauma***

**1151** Noise-induced hearing loss - a standard threshold shift (STS). An STS is a change in hearing noise- induced hearing loss. If an employee’s hearing test (audiogram) reveals that the employee has experienced a work-related STS in hearing in one or both ears, and the employee’s total hearing level is 25 decibels (dB) or more above audiometric zero (averaged at 2000, 3000, and 4000 Hz) in the same ear(s) as the STS, you must report the case on Form FRA F 6180.55a.

A standard threshold shift, or STS, is defined in the occupational noise exposure standard at 29 CFR 1910.95(g)(10)(i) as a change in hearing threshold, relative to the baseline audiogram for that employee, of an average of 10 dB or more at 2000, 3000, and 4000 Hz in one or both ears.

**STS.** If the employee has never previously experienced a recordable hearing loss, you must compare the employee’s current audiogram with that employee’s baseline audiogram. If the employee has previously experienced a recordable hearing loss, you must compare the employee’s current audiogram with the employee’s revised baseline audiogram (the audiogram reflecting the employee’s previous recordable hearing loss case).

**25-dB loss.** Audiometric test results reflect the employee’s overall hearing ability in comparison to audiometric zero. Therefore, using the employee’s current audiogram, you must use the average hearing level at 2000, 3000, and 4000 Hz to determine whether or not the employee’s total hearing level is 25 dB or more.

See additional instructions in Chapter 6.

**1152** Synovitis - inflammation of the membrane around a joint or other musculoskeletal element

**1153** Tenosynovitis - inflammation of the tendon (fibrous tissue that connects the muscle to a bone) or the membrane that surrounds it, e.g., epicondylitis or tendinitis.

**1154** Bursitis - inflammation of the bursa (a membranous pouch that is used for cushioning the joints

#### APPENDIX E - Continued

**1155** Raynaud’s phenomena - a symptom complex usually related to poor circulation of an extremity characterized by loss of feeling, blanching (whitening) and coolness of the part, typically a finger, toe, hand, or foot

**1156** Carpal tunnel syndrome

**1157** Other conditions associated with repeated motion, vibration, pressure, or repeated trauma.

**1159 DEATH resulting from repeated trauma**

***Other Occupational Illnesses Not Listed above***

**1191** Anthrax - bacterial disease, typically spread from infected animals to humans

**1192** Brucellosis - an infectious bacterial disease spread by contact with the tissues, blood, urine or fetuses of contaminated animals

**1193** Infectious hepatitis (also known as hepatitis A) - infection of the liver, characterized by fever, abdominal pain, loss of appetite and in severe cases, jaundice

**1194** Malignant tumors - tumors which spread beyond their original boundaries to distant organs and will generally result in death if not treated

**1195** Benign tumors - tumors that do not spread beyond the original tumor mass except through local growth and do not pose the same risk of distant spread, disease, and death as seen in malignant tumors

**1196** Stress related (determined by a qualified health care professional) **1197** Histoplasmosis/Coccidiomycosis - fungal infectious diseases **119E** Emotional Trauma/nervous shock

**1198** All other occupational illnesses other than those classified above

**1199 DEATH resulting from other occupational illnesses**

**APPENDIX F**

**Circumstance Codes**

* + 1. **Physical Act (Page F-2)**
    2. **Location - Parts I, II, and III (Page F-4)**
    3. **Event (Page F-6)**
    4. **Tools, Machinery, Appliances, Structures, Surfaces, etc. (Page F-8)**
    5. **Probable Reason for Injury/Illness (Page F-10)**

A complete record of all of factors associated with an injury or illness would be beneficial in prevention analysis. However, it is not practical, even if it were possible, to develop forms and codes that would capture every detail that may be associated with each incident. When selecting circumstance codes, use a combination that best identifies the key factors without duplicating information identified by another code. The narrative portion of the report is to be used to provide additional information concerning those items that cannot be adequately described on the coded portions of the form.

#### APPENDIX F - Continued

**PHYSICAL ACT CIRCUMSTANCE CODES**

**(What was the person doing when hurt?)**

**Select one of these codes and enter in Form F6180.55a, 5j. Physical Act.**

1. Adjusting coupler
2. Adjusting drawbar
3. Adjusting, other
4. Applying rail anchor/fastener

**B3** Arresting/apprehending/subduing

**A2** Ascending

1. Bending, stooping
2. Carrying
3. Chaining, cabling car or locomotive
4. Cleaning/scrubbing
5. Climbing over/on
6. Closing

**13** Coupling air hose

1. Coupling electric cables
2. Coupling steam hose

**16** Crossing between

**15** Crossing or crawling under

**14** Crossing over

1. Cutting rail
2. Cutting vegetation
3. Cutting, other

**77** Derail, applying

**79** Derail, other

**78** Derail, removing

**A3** Descending

1. Digging, excavating
2. Driving (motor vehicle, forklift, etc.)

**A4** Exercising

1. Flagging
2. Fueling

**A5** Getting in **A6** Getting out **25** Getting off

1. Getting on

**26** Grinding

1. Handbrakes, applying
2. Handbrakes, releasing
3. Handbrakes, other
4. Handling baggage
5. Handling car parts

**30** Handling locomotive parts

**29** Handling material, general

1. Handling other track material/supplies
2. Handling poles

**37** Handling rail

1. Handling tie plates
2. Handling ties
3. Handling wheels/trucks
4. Handling, other

**A7** Hauling

1. Inspecting
2. Installing
3. Jumping from
4. Jumping onto
5. Laying

**44** Lifting equipment (tools, parts, etc.)

**43** Lifting other material

1. Lining switches
2. Lining, other
3. Loading/unloading

**B6** Lying down

1. Maintaining/servicing

**A8** Moving

1. Opening
2. Opening/closing angle cock
3. Operating

**53** Pulling

**52** Pulling pin lifter/operating uncoupling lever

1. Pushing
2. Reaching
3. Removing rail anchors/fasteners
4. Repairing **A1** Replacing **58** Riding

**59** Running **B2** Sanding **B1** Servicing **60** Sitting **B4** Sleeping

1. Spiking (installation/removal)
2. Standing

**B5** Stepped on

**80** Stepping across (passenger cars)

1. Stepping up
2. Stepping down
3. Stepping over

#### APPENDIX F - Continued

**PHYSICAL ACT CIRCUMSTANCE CODES**

**(Continued from previous page)**

1. Uncoupling air hose

**68** Uncoupling electric cables

**67** Uncoupling steam hose

**69** Using hand signals **70** Using hand tool **71** Using, other

1. Walking

**A9** Washing

1. Welding (includes field welding)

**99** Other (**Narrative must be provided**)

#### APPENDIX F - Continued

**LOCATION CIRCUMSTANCE CODES**

**Select one code from each part and enter in Form F6180.55a, 5k. Location. Enter Part I followed by Part II, then Part III.**

**Part I of Code**

**Did A/I occur on or near rail right of way? If so, select code that best describes the type of track.**

**A** Main/branch

**B** Yard

**C** Siding

**D** Industry

**E** Repair

**Y** Other track (explain in narrative)

**If A/I did not occur on or near rail right of way, select code that best describes the location.**

**F** Restroom

**G** Break/lunch room

**H** Freight terminal

**J** Highway/roadway

**K** Loading dock

**L** Lodging facility

**M** Office environment

**N** Parking lot

**P** Passenger terminal

**Q** Repair shop

1. Storage facility
2. Sidewalk/walkway
3. Other, (off site location)
4. Airport/Airplane **V** Freight terminal **W** Private property

**Z** Other location (describe in narrative)

**Part II of Code**

**If A/I involved rail equipment, select code that best describes type of equipment involved.**

1. Camp car - moving
2. Camp car - standing
3. Freight car(s) - moving **05** Freight car(s) - standing **03** Freight train - moving **04** Freight train - standing
4. Hy-rail/other inspection vehicle - moving
5. Hy-rail/other inspection vehicle - standing
6. Locomotive(s), not remote controlled - standing **10** Locomotive(s), not remote controlled - moving **18** Locomotive(s), remote control - moving

**17** Locomotive(s), remote control - standing **12** Maintenance of way equipment - moving **11** Maintenance of way equipment - standing **15** Passenger car(s) - moving

**16** Passenger car(s) - standing **14** Passenger train - moving **13** Passenger train - standing

1. Other on-track equipment - moving
2. Other on-track equipment - standing

***Other self-propelled equipment, or equipment used in transportation***

1. Automobile

**65** Bus

1. Crane, hoists, etc.
2. Excavating machinery
3. Grading/surfacing machinery **55** Loaders, forklifts, tractor, etc **64** Motorcycle
4. Off road vehicle - industrial
5. Off road vehicle - recreational
6. Other construction type equipment

**98** Other equipment (explain in narrative)

**97** Other operated equipment (explain in narrative)

**59** Taxi/commercial vehicle

**66** Tractor

**60** Truck

**62** Van (passenger)

**61** Van (utility)

**63** Water vehicle, ship, boat, barge, etc.

**99** The A/I was not associated with on-track equipment or any listed vehicle type

#### APPENDIX F - Continued

**Part III of Code**

**Select the code that best identifies the location of the person whose injury/illness is being reported.**

**A1** Alongside of on-track equipment - on ground

**G2** Area between Coupled Car and Platform

**G3** Area along Car Body, other than Threshold Plate and Platform Edge

**AA** At freight terminal **D1** At lodging facility **A2** At work station

**A5** Between cars/locomotives

**A7** Car, in (rail car)

**G4** Car in Vestibule

**B8** Car, on end of (rail car) **B6** Car, on side of (rail car) **CA** Car, on top of (rail car) **C7** Car, under (rail car) **CC** Depot

**D5** In airport **D6** In airplane **E2** In building

**AC** In cafeteria/lunch room

**A8** In elevator **D7** In hotel room **E3** In restroom **B1** In tower

**B2** In tunnel

**A9** In/operating vehicle

**A6** Locomotive, in cab or on walkways

**C9** Locomotive, on top of

**C6** Locomotive, other location

**C8** Locomotive, under

**B3** On bridge/trestle

**CD** On elevated work station

**C3** On escalator

**D2** On highway/street

**B4** On highway-rail crossing

**C5** On ladder

**B5** On other rail crossing

**E1** On parking lot

**C2** On platform

**B9** On pole/signal mast **D3** On private property **C1** On scaffold

**D4** On sidewalk/walkway

**C4** On stairs

**CE** On station platform

**AB** On tower

**CB** On top of equipment, other than ontrack equipment

**G1** Rail Car Door Threshold Plate to Edge of Platform-Gap

**A3** Track, beside **A4** Track, between **B7** Track, on

**X9** Other location (describe in narrative)

**APPENDIX F - Continued**

**EVENT CIRCUMSTANCE CODES**

**Select one of these codes and enter in Form F6180.55a, 5l. Event.**

1. Aggravated pre-existing condition
2. Apprehending/removing from property

**04** Assaulted by coworker

**03** Assaulted by other

**06** Bitten by animal

**05** Bitten/stung by bee, spider, other insect

**74** Blowing/falling debris

**07** Bodily function/sudden movement, e.g., sneezing, twisting

1. Bumped
2. Burned

**81** Caught Between Equipment **79** Caught Between Machinery **82** Caught Between Material

1. Caught in or compressed by hand tools
2. Caught in or compressed by other machinery

**12** Caught in or compressed by powered hand tools

1. Caught in or crushed by materials
2. Caught in or crushed in excavation, land slide, cave-in, etc.

**68** Caught, crushed, pinched, other.

**13** Cave in, slide, etc.

**16** Climatic condition, exposure to environmental cold

**15** Climatic condition, exposure to environmental heat

**14** Climatic conditions, other (e.g., high winds)

1. Collision - between on track equipment
2. Collision/impact - auto, truck, bus, van, etc.
3. Committing vandalism/theft
4. Defective/malfunctioning equipment
5. Derailment

**23** Electrical shock due to contact with 3rd rail, catenary, pantograph

**25** Electrical shock from hand tool

**22** Electrical shock while operating welding equipment

**24** Electrical shock, other

**27** Exposure to chemicals - external

**26** Exposure to fumes - inhalation

**30** Exposure to noise - single incident

**29** Exposure to noise over time **28** Exposure to poisonous plants **31** Exposure to welding light

**32** Highway-rail collision/impact **33** Horseplay, practical joke, etc. **34** Lost balance

1. Missed handhold, grabiron, step, etc.
2. Needle puncture/prick/stick

**69** On track equipment, other incidents **37** Other impacts - on track equipment **38** Overexertion

**41** Pushed/shoved from

1. Pushed/shoved into/against
2. Pushed/shoved onto

**43** Ran into object/equipment **42** Ran into on-track equipment **46** Repetitive motion - tools

**45** Repetitive motion - typing, keyboard, etc.

**44** Repetitive motion - work processes

1. Repetitive motion - other
2. Rubbed, abraded, etc.
3. Shot
4. Slack action, draft, compressive buff/coupling **80** Slack adjustment during switching operation **52** Slipped, fell, stumbled, etc. due to climatic

condition (rain, snow, ice, etc.)

1. Slipped, fell, stumbled, etc. due to irregular surface, e.g., depression, slope, etc.

**54** Slipped, fell, stumbled, etc. due to object, e.g., ballast, spike, material, etc.

**53** Slipped, fell, stumbled, etc. on oil, grease, other slippery substance

**70** Slipped, fell, stumbled, other

1. Stabbing, knifing, etc.
2. Stepped on object

**61** Struck against object

**77** Struck by other remote control locomotive- controlled equipment

**76** Struck by own remote control locomotive- controlled equipment

**60** Struck by falling object

1. Struck by object
2. Struck by on-track equipment

**57** Struck by thrown or propelled object

**62** Sudden release of air

#### APPENDIX F - Continued

**EVENT CIRCUMSTANCE CODES**

**(Continued from previous page)**

**75** Sudden/Unexpected Movement of tools **63** Sudden/unexpected movement of material **64** Sudden/unexpected movement of on-track

equipment

**65** Sudden/unexpected movement of vehicle

**71** Sudden, unexpected movement, other

1. Sustained viewing
2. Thrill seeking

**99** Other (describe in narrative)

#### APPENDIX F - Continued

**TOOLS, MACHINERY, APPLIANCES, STRUCTURES, SURFACES, ETC. CIRCUMSTANCE CODES**

**Select one of these codes and enter in Form F6180.55a, 5m. Tools.**

**59** Anchor

**7F** Animal, insect, reptile

1. Baggage
2. Ballast, stones, etc.

**61** Bed

**03** Boring tools

**67** Box

**80** Brakeshoe

**04** Bridge/trestle

**44** Cable

**05** Caboose

**7E** Chains, straps, tie down devices.

**34** Chair/seat

**46** Chemicals, fumes, etc.

**35** Chock

**7H** Compressor

**7C** Computer equipment

**06** Coupler

**83** Crane

1. Cutting tools
2. Derail
3. Door

**1G** Door, End or Side-Passenger Train

**2G** Door, Trap-Passenger Train

**45** Electrical connections, wiring, etc.

1. End of train device
2. Floor

**63** Food

1. Fusees/torpedoes
2. Grabiron
3. Ground
4. Hand tools, digging, e.g., shovels, picks, etc. **16** Hand tools, gripping, e.g., pliers, tongs, clamps **17** Hand tools, striking & nailing, e.g., hammers,

mallets

**8F** Hand tools, other

**37** Handbrake

1. Highway, street, road
2. Hose

**56** Hose connections

1. Inspection Pit
2. Jack

**8K** Knuckle

1. Ladder

**40** Lever

1. Locomotive cab Door(s) **89** Locomotive cab floor **90** Locomotive cab seat
2. Locomotive cab electric locker doors
3. Locomotive car-body doors **50** Locomotive fire extinguisher **47** Locomotive horn
4. Locomotive radios
5. Locomotive refrigerator
6. Locomotive toilet

**82** Locomotive, other

**7A** Luggage

**84** MOW equipment

**66** Motor

**7K** Motor vehicle, non rail **7J** Needle, syringe,sharps **23** Office equipment

**7G** Plants, trees, foliage, etc.

**43** Platform

1. Power tools
2. Pry bar
3. Rail bike

**64** Refrigerator

**8N** Remote control transmitter

**91** Repair shop-MOW

1. Repair shop-locomotive
2. Repair shop-Car

**88** Rock, other than ballast

**60** Signal equipment (gates, poles, gaffs, etc.)

**57** Soap

**38** Spike, tie plates, rail fasteners, etc

**27** Stair step

**36** Step/stirrup, equipment

**65** Stove

**28** Switch

**87** Switch machine

**29** Tie

**62** Toilet

**30** Torch, acetylene, gas, etc.

**81** Track (Rail)

**58** Traction motor

**APPENDIX F - Continued**

**TOOLS, MACHINERY, APPLIANCES, STRUCTURES, SURFACES, ETC.**

**CIRCUMSTANCE CODES**

**(Continued from previous page)**

1. Trailer/container on flat car (TOFC, COFC)

**7L** Weapon

1. Welder - electric **7M** Welder/torch, other **33** Window

**99** Other (describe in narrative)

### APPENDIX F – Continued

**PROBABLE REASON FOR INJURY/ILLNESS CIRCUMSTANCE CODES**

**Select one of these codes and enter in Form F6180.55a, 5n. Cause.**

**CONVENTIONAL OPERATIONS**

1. Environmental
2. Safety equipment not worn or in place
3. Procedures for operating/using equipment not followed
4. Equipment
5. Signal
6. Track
7. Impairment, substance use
8. Impairment, physical condition, e.g., fatigue
9. Human factor
10. Trespassing
11. Object fouling track
12. Outside caused (e.g., assaulted/attacked)
13. Lack of communication
14. Slack adjustment during switching operation
15. Insufficient training
16. Failure to provide adequate space between equipment during switching operation
17. Close or no clearance
18. Slipped, fell, stumbled due to Passenger Station Platform Gap
19. Act of God

**99** Undetermined

**REMOTELY CONTROLLED LOCOMOTIVE(S) ENVIRONMENT**

1. Environmental, related to using RCL
2. Safety equipment not worn or in place, related to using RCL
3. Procedures for operating/using equipment not followed, related to using RCL
4. Equipment, related to using RCL
5. Signal, related to using RCL
6. Track, related to using RCL
7. Impairment, substance use, related to using RCL
8. Impairment, physical condition, e.g., fatigue, related to using RCL
9. Human factor, related to using RCL

**31** Trespassing, related to using RCL

**R1** Object fouling track, related to using RCL

**R2** Outside caused (e.g., assaulted/attacked), related to using RCL

**R3** Lack of communication, related to using RCL

**R4** Slack adjustment during switching operation, related to using RCL

**R5** Insufficient training, related to using RCL

**R6** Failure to provide adequate space between equipment during switching operation, related to using RCL

**R7** Close or no clearance, related to using RCL

**R8** Act of God, related to using RCL

**39** Undetermined, related to using RCL

1. Environmental, unrelated to using RCL
2. Safety equipment not worn or in place, unrelated to using RCL
3. Procedures for operating/using equipment not followed, unrelated to using RCL
4. Equipment, unrelated to using RCL
5. Signal, unrelated to using RCL
6. Track, unrelated to using RCL
7. Impairment, substance use, unrelated to using RCL
8. Impairment, physical condition, e.g., fatigue, unrelated to using RCL
9. Human factor, unrelated to using RCL
10. Trespassing, unrelated to using RCL

**U1** Object fouling track, unrelated to using RCL

**U2** Outside caused (e.g., assaulted/attacked), unrelated to using RCL

**U3** Lack of communication, unrelated to using RCL

**U4** Slack adjustment during switching operation, unrelated to using RCL

**U5** Insufficient training, unrelated to using RCL

**U6** Failure to provide adequate space between equipment during switching operation, unrelated to using RCL

**U7** Close or no clearance, unrelated to using RCL

**U8** Act of God, unrelated to using RCL

**59** Undetermined, unrelated to using RCL

**APPENDIX G**

**FRA Regional Offices and Headquarters**

**REGION OFFICE PHONE**

I (617) 494-2302

Regional Administrator

Federal Railroad Administration 55 Broadway - Room 1077

Cambridge, MA 02142

II (610) 521-8200

Regional Administrator

Federal Railroad Administration Baldwin Tower, Suite 660

1510 Chester Pike Crum Lynne, PA 19022

III (404) 562-3800

Regional Administrator

Federal Railroad Administration

61 Forsyth Street, SW - Suite 16T20 Atlanta, GA 30303-3104

IV (312) 353-6203

Regional Administrator

Federal Railroad Administration 200 West Adams Street Chicago, IL 60606

V (817) 862-2200

Regional Administrator

Federal Railroad Administration 4100 International Plaza, Suite 450 Fort Worth, TX 76109-4820

VI (816) 329-3840

Regional Administrator

Federal Railroad Administration Department of Transportation Building 901 Locust Street - Suite 464

Kansas City, MO 64106

### APPENDIX G – Continued

**REGION OFFICE PHONE**

VII (916) 498-6540

Regional Administrator

Federal Railroad Administration 801 I Street - Suite 466

Sacramento, CA 95814

VIII (360) 696-7536

Regional Administrator

Federal Railroad Administration 500 Broadway, Suite 240

Vancouver, WA 98660

**FRA HEADQUARTERS**

Office of Safety Analysis (RRS-22) (202) 493-6287 Federal Railroad Administration

U.S. Department of Transportation West Building 3rd Floor, Room W33-437 1200 New Jersey Avenue, SE Washington, DC 20590

[SAFETEAM@FRA.DOT.GOV](mailto:SAFETEAM@FRA.DOT.GOV)

For updates to FRA Regional Offices, Contact Information, refer to: [www.fra.dot.gov/us/content/3,](http://www.fra.dot.gov/us/content/3) and click on "regional offices".

**APPENDIX H**

**Forms**

**Form FRA F 6180.54 Rail Equipment Accident/Incident Report**

**Form FRA F 6180.55 Railroad Injury and Illness Summary Form FRA F 6180.55a Railroad Injury and Illness Summary**

**(Continuation Sheet)**

**Form FRA F 6180.56 Annual Railroad Report of Employee Hours and Casualties, by State**

**Form FRA F 6180.57 Highway-Rail Grade Crossing Accident/Incident**

**Report**

**Form FRA F 6180.78 Notice to Railroad Employee Involved in Rail**

**Equipment Accident/Incident Attributed to Employee Human Factor**

**Employee Statement Supplementing Railroad Accident Report**

**Form FRA F 6180.81 Employee Human Factor Attachment**

**Form FRA F 6180.97 Initial Rail Equipment Accident/Incident Record Form FRA F 6180.98 Railroad Employee Injury and/or Illness Record Form FRA F 6180.107 Alternative Record for Illnesses Claimed to be**

**Work-Related**

**Form FRA F 6180.150 Highway User Injury Inquiry Form**

**DEPARTMENT OF TRANSPORTATION**

FEDERAL RAILROAD ADMINISTRATION (FRA)

1. Name of Reporting Railroad

**RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT**

1a. Alphabetic Code

#### OMB No. 2130-0500

1b. Railroad Accident/Incident No.

1. Name of Other Railroad or Other Entity with Consist Involved 2a. Alphabetic Code

2b. Railroad Accident/Incident No.

1. Name of Railroad or Other Entity Responsible for Track Maintenance *(single entry)*

3a. Alphabetic Code

3b. Railroad Accident/Incident No.

1. U.S. DOT Grade Crossing Identification Number 5. Date of Accident/Incident 6. Time of Accident/Incident

month day year

7. Type of Accident/

1. Derailment

4. Side Collision

7. Hwy-rail crossing

10. Explosion-detonation

1. Other

AM PM

Code

Incident *(single entry in code box)*

* 1. Head on collision
  2. Rear end collision

1. Raking collision
2. Broken train collision
   1. RR grade crossing
   2. Obstruction
3. Fire/violent rupture
4. Other impacts

*(describe in*

*narrative)*

1. Cars Carrying HAZMAT
2. HAZMAT Cars Damaged/Derailed
3. Cars Releasing HAZMAT
4. People

Evacuated

1. Subdivision
2. Nearest City/Town
3. Milepost *(to nearest tenth)*
4. State

Abbr.

Code

1. County
2. Temperature (F)

*(Specify if minus)*

1. Visibility *(single entry)*

o F 1. Dawn 3. Dusk

* 1. Day 4. Dark

Code 19. Weather *(single entry)*

* + 1. Clear 3. Rain 5. Sleet
    2. Cloudy 4. Fog 6. Snow

Code 20. Type of Track Code

1. Main 3. Siding
2. Yard 4. Industry
3. Track Name/ Number
4. FRA Track Class (1-9, X)

Code 23. Annual Track

Density *(gross*

*tons in millions)*

1. Time Table Direction
   1. North 3. East
   2. South 4. West

Code

1. Type of Equipment 1. Freight Train
2. Single Car

9. Maint./inspect. Car

D. EMU

1. Was Equipment
2. Train Number/Symbol

Consist

*(single entry)*

1. Passenger Train-Pulling
2. Commuter Train-Pulling
3. Work train
4. Cut of cars
5. Yard/switching
6. Light loco(s)
   1. Spec. MoW Equip.
   2. Passenger Train-Pushing
   3. Commuter Train-Pushing
7. DMU Code

Attended?

* 1. Yes 2. No

Code

1. Speed *(recorded speed, if available)*

R - Recorded

E - Estimated MPH

1. Trailing Tons *(gross tonnage,*

Code

1. Type of Territory *(enter code(s) that apply)*

Signalization *(Mandatory)*

* 1. Signaled 2. Not Signaled

Method of Operation/Authority for Movement *(Mandatory)*

1. Signal Indication 2. Direct Train Control 3. Yard/Restricted Limits

4. Block Register Territory 5. Other Than Main Track

30a. Remotely Controlled Locomotive?

0 = Not a remotely controlled operation 1 = Remote control portable transmitter 2 = Remote control tower operation

3 = Remore control portable transmitter - more than one remote

*excluding power units)*

Supplemental/Adjunct Codes *(Mandatory\*)*

\* Mandatory to the extent that all applicable codes are entered

control transmitter

Code

1. Principal Car/Unit

a. Initial and Number b. Position in Train c. Loaded *(yes/no)*

1. If railroad employee(s) tested for drug/alcohol use,
2. First Involved

*(derailed, struck, etc.)*

enter the number that were positive in the appropriate box.

Alcohol Drugs

1. Causing *(if mechanical, cause reported)*
2. Was this consist transporting passengers? *(y/n)*
3. Locomotive Units
4. Head

Mid Train

Rear End 35. Cars

Loaded

Empty

(Exclude EMU, DMU, and

Cab Car Locomotives.)

* 1. Total in Train
  2. Total Derailed

End

1. Manual c. Remote d. Manual e. Remote

(Include EMU, DMU, and

Cab Car Locomotives.)

1. Total in Equipment Consist
2. Total Derailed

a. Freight b. Pass. c. Freight d. Pass.

e. Caboose

1. Equipment Damage This Consist
2. Track, Signal, Way,

& Structure Damage

1. Primary Cause Code
2. Contributing Cause Code

Number of Crew Members Length of Time on Duty

1. Engineers/ Operators
2. Firemen 42. Conductors 43. Brakemen 44. Engineer/Operator

Hrs: Mins:

1. Conductor

Hrs: Mins:

Casualties to: Fatal Nonfatal

1. Railroad Employees 47. Train Passengers 48. Others

49a. Special Study Block A

49b. Special Study Block B

1. Latitude
2. Longitude
3. Narrative Description *(Be specific, and continue on separate sheet if necessary)*
4. Typed/Printed Name & Title of Preparer
5. Signature 55. Date

NOTE: This report is part of the reporting railroad's accident report pursuant to the accident reports statute and, as such shall not “be admitted as evidence or used for any purpose in any suit or action for damages growing out of any matter mentioned in said report...." 49 U.S.C. 20903. See 49 C.F.R. 225.7 (b).

**This collection of information is mandatory under 49 CFR 225, and is used by FRA to monitor national rail safety. Public reporting burden is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing databases, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information collected is a matter of public record, and no confidentiality is promised to any respondent. Please note that an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2130-0500.**

**FORM FRA F 6180.54 (Rev. 08/10)**

**OMB approval expires 02/28/2014**

**DEPARTMENT OF TRANSPORTATION**

FEDERAL RAILROAD ADMINISTRATION (FRA)

**RAILROAD INJURY AND ILLNESS SUMMARY**

#### OMB No. 2130-0500

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Name of Reporting Railroad | | | | | 2. Alphabetic Code | | 3. Report Month & Year | | | 4. State Alphabetic Code | | 5. County |
| 6. Name of Reporting Officer | | | | | | | | 7. Official Title | | | | |
| 8. Address | | | | | | | | 9. Telephone *(Area Code) (Number)* | | | | |
| 10.  If executed within the United States, its territories, possessions, or commonwealths:  I declare (or certify, verify, or state) under penalty of perjury that the information on this form is true and correct. Executed on *(date)*.  *(Signature).*  If executed without (i.e., outside of) the United States:  I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information on this form is true and correct.  Executed on *(date)*.  *(Signature).* | | | | | | | | | | | | |
| **OPERATIONAL DATA & ACCIDENT/INCIDENT COUNTS FOR REPORT MONTH** | | | | | | | | | | | | |
| 11. Freight Train Miles | 12. Passenger Train Miles | | | | | 13. Yard Switching Train Miles | | | | 14. Other Train Miles | | |
| 15. Railroad Worker Hours | | | 16. Passenger Miles Operated | | | | | | 17. Number of Passengers Transported | | | |
| 18. **REPORTED CASUALTIES** | | | | | | 19. **NUMBER OF FRA FORMS ATTACHED** | | | | | | |
| Type of Person | | Fatal | | Nonfatal | | FRA Form Number | | | | | Number Attached | |
| Worker on duty – railroad employee | |  | |  | | 6180.54 | | | | |  | |
| Railroad employees not on duty | |  | |  | | 6180.55a | | | | |  | |
| Passengers on trains | |  | |  | | 6180.56 | | | | |  | |
| Nontrespassers/ on railroad property | |  | |  | | 6180.57 | | | | |  | |
| Trespassers | |  | |  | | 6180.81 | | | | |  | |
| Worker on duty - contractor | |  | |  | |  | | | | |  | |
| Contractor - other | |  | |  | |  | | | | |  | |
| Worker on duty - volunteer | |  | |  | |  | | | | |  | |
| Volunteer - other | |  | |  | |  | | | | |  | |
| Nontrespassers/ off railroad property | |  | |  | |  | | | | |  | |
| Grand total | |  | |  | |  | | | | |  | |
| 20. Remarks Section. Please describe operational, environmental, or other circumstances that account for unusual fluctuations in train miles operated, employee hours, or passenger counts. | | | | | | | | | | | | |
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| NOTE: This report is part of the reporting railroad's accident report pursuant to the accident reports statute and, as such shall not "be admitted as evidence or used for any purpose in any suit or action for damages growing out of any matter mentioned in said report. . . ." 49 U.S.C. 20903.  See 49 C.F.R. 225.7 (b). | | | | | | | | | | | | |
| **This collection of information is mandatory under 49 CFR 225, and is used by FRA to monitor national rail safety. Public reporting burden is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing databases, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information collected is a matter of public record, and no confidentiality is promised to any respondent. Please note that an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2130-0500.** | | | | | | | | | | | | |

**FORM FRA F 6180.55 (Rev. 08/10)** *This report is required by law (49 USC 20901). Failure to report can result in the imposition of civil penalties.*

**OMB approval expires 02/28/2014**

**DEPARTMENT OF TRANSPORTATION**

FEDERAL RAILROAD ADMINISTRATION (FRA)

**RAILROAD INJURY AND ILLNESS SUMMARY**

(Continuation Sheet)

SHEET OF

#### OMB No. 2130-0500

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Name of Reporting Railroad | 2. Alphabetic Code | 3. Report Month | 4. Report Year |
|  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **5a.**  Accident/Injury Number | | | **5b.**  Day | **5c.** Time of Day | | **5d.**  County | | | | | | **5e.**  State | **5f.** Type Person/  Job Code | | | **5g.**  Age |
|  | | |  |  | |  | | | | | |  |  | | |  |
| **5h.**  Drug/ Alcohol Test | | **5i.** Injury Illness Code | **5j.** Physical Act | | **5k.**  Location | | **5l.**  Event | **5m.**  Tools | | **5n.**  Cause | **5o.** Number of Days Away From Work | **5p.** Number of Days Restricted | | **5q.** Exposure to Hazmat | **5r.**  Special Case Codes | |
| A | D |
|  |  |  |  | |  | |  |  | |  |  |  | |  |  | |
| **5s.** Latitude | | | | |  | | | | **5t.** Longitude | | | |  | | | |
| **5u.** Narrative (Up to 250 Characters) | | | | |  | | | | | | | | | | | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **5a.**  Accident/Injury Number | | | **5b.**  Day | **5c.** Time of Day | | **5d.**  County | | | | | | **5e.**  State | **5f.** Type Person/  Job Code | | | **5g.**  Age |
|  | | |  |  | |  | | | | | |  |  | | |  |
| **5h.**  Drug/ Alcohol Test | | **5i.** Injury Illness Code | **5j.** Physical Act | | **5k.**  Location | | **5l.**  Event | **5m.**  Tools | | **5n.**  Cause | **5o.** Number of Days Away From Work | **5p.** Number of Days Restricted | | **5q.** Exposure to Hazmat | **5r.**  Special Case Codes | |
| A | D |
|  |  |  |  | |  | |  |  | |  |  |  | |  |  | |
| **5s.** Latitude | | | | |  | | | | **5t.** Longitude | | | |  | | | |
| **5u.** Narrative (Up to 250 Characters) | | | | |  | | | | | | | | | | | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **5a.**  Accident/Injury Number | | | **5b.**  Day | **5c.** Time of Day | | **5d.**  County | | | | | | **5e.**  State | **5f.** Type Person/  Job Code | | | **5g.**  Age |
|  | | |  |  | |  | | | | | |  |  | | |  |
| **5h.**  Drug/ Alcohol Test | | **5i.** Injury Illness Code | **5j.** Physical Act | | **5k.**  Location | | **5l.**  Event | **5m.**  Tools | | **5n.**  Cause | **5o.** Number of Days Away From Work | **5p.** Number of Days Restricted | | **5q.** Exposure to Hazmat | **5r.**  Special Case Codes | |
| A | D |
|  |  |  |  | |  | |  |  | |  |  |  | |  |  | |
| **5s.** Latitude | | | | |  | | | | **5t.** Longitude | | | |  | | | |
| **5u.** Narrative (Up to 250 Characters) | | | | |  | | | | | | | | | | | |
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| NOTE: This report is part of the reporting railroad's accident report pursuant to the accident reports statute and, as such shall not "be admitted as evidence or used for any purpose in any suit or action for damages growing out of any matter mentioned in said report. . . ." 49 U.S.C. 20903.  See 49 C.F.R. 225.7 (b). | | | | | | | | | | | | | | | | |
| **This collection of information is mandatory under 49 CFR 225, and is used by FRA to monitor national rail safety. Public reporting burden is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing databases, gathering and maintaining the data needed, and completing and reviewing the collection of information. In trespasser cases and in cases of suicide/attempted suicides, the estimated average time to complete this form is 50 minutes and 65 minutes, respectively. The information collected is a matter of public record, and no confidentiality is promised to any respondent. Please note that an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2130-0500.** | | | | | | | | | | | | | | | | |

**DEPARTMENT OF TRANSPORTATION**

FEDERAL RAILROAD ADMINISTRATION (FRA)

**ANNUAL RAILROAD REPORT OF**

**EMPLOYEE HOURS AND CASUALTIES, BY STATE**

#### OMB No. 2130-0500

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Reporting Railroad 2. Alphabetic Code | | | | | | 3. Report Year |
| 4. Establishments Included in this Report 5. Average Employment in Report Year | | | | | | |
| 6. | | | | | | |
| State | Employee Hours | Casualties | State | Employee Hours | Casualties | |
| Alabama |  |  | Montana |  |  | |
| Alaska |  |  | Nebraska |  |  | |
| Arizona |  |  | Nevada |  |  | |
| Arkansas |  |  | New Hampshire |  |  | |
| California |  |  | New Jersey |  |  | |
| Colorado |  |  | New Mexico |  |  | |
| Connecticut |  |  | New York |  |  | |
| Delaware |  |  | North Carolina |  |  | |
| District of Columbia |  |  | North Dakota |  |  | |
| Florida |  |  | Ohio |  |  | |
| Georgia |  |  | Oklahoma |  |  | |
| Hawaii |  |  | Oregon |  |  | |
| Idaho |  |  | Pennsylvania |  |  | |
| Illinois |  |  | Rhode Island |  |  | |
| Indiana |  |  | South Carolina |  |  | |
| Iowa |  |  | South Dakota |  |  | |
| Kansas |  |  | Tennessee |  |  | |
| Kentucky |  |  | Texas |  |  | |
| Louisiana |  |  | Utah |  |  | |
| Maine |  |  | Vermont |  |  | |
| Maryland |  |  | Virginia |  |  | |
| Massachusetts |  |  | Washington |  |  | |
| Michigan |  |  | West Virginia |  |  | |
| Minnesota |  |  | Wisconsin |  |  | |
| Mississippi |  |  | Wyoming |  |  | |
| Missouri |  |  |  |  |  | |
| 7. Total Employee Hours for the Year | | | 8. Total Casualties During the Year | | | |
| 9. Typed Name and Title | | | 10. Signature | | | 11. Date |
| NOTE: This report is part of the reporting railroad's accident report pursuant to the accident reports statute and, as such shall not "be admitted as evidence or used for any purpose in any suit or action for damages growing out of any matter mentioned in said report. . . ." 49 U.S.C. 20903.  See 49 C.F.R. 225.7 (b). | | | | | | |
| **This collection of information is mandatory under 49 CFR 225, and is used by FRA to monitor national rail safety. Public reporting burden is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing databases, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information collected is a matter of public record, and no confidentiality is promised to any respondent. Please note that an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2130-0500.** | | | | | | |

**DEPARTMENT OF TRANSPORTATION**

FEDERAL RAILROAD ADMINISTRATION (FRA)

1. Name of Reporting Railroad

**HIGHWAY-RAIL GRADE CROSSING ACCIDENT/INCIDENT REPORT**

1a. Alphabetic Code

#### OMB No. 2130-0500

1b. Railroad Accident/Incident No.

1. Name of Other Railroad or Other Entity Filing for Equipment Involved in Train Accident/Incident
2. Name of Railroad or Other Entity Responsible for Track Maintenance *(single entry)*

2a. Alphabetic Code 3a. Alphabetic Code

2b. Railroad Accident/Incident No. 3b. Railroad Accident/Incident No.

1. U.S. DOT Grade Crossing Identification Number 5. Date of Accident/Incident 6. Time of Accident/Incident

month day year

1. Nearest Railroad Station
2. Subdivision
3. County

AM PM

1. State

Abbr.

Code

1. City *(if in a city)* 12. Highway Name or Number

**Highway User Involved Rail Equipment Involved**

Public

Private

1. Type
   1. Auto
2. Truck-trailer
3. Pick-up truck
4. Bus
5. School bus
6. Other motor vehicle
7. Pedestrian

Code

1. Equipment
   1. Train *(units pulling)*
2. Car(s) *(moving)*
3. Car(s) *(standing)*
4. Light loco(s) *(moving)*
5. Train pulling – RCL
6. Train pushing – RCL
7. Train standing – RCL

Code

B. Truck

E. Van

H. Motorcycle

1. Other *(specify)*

2. Train *(units pushing)*

1. Light loco(s) *(standing)* D. EMU Locomotive(s)

3. Train *(standing)*

1. Other *(specify)*

E. DMU Locomotive(s)

1. Vehicle Speed

*(est. mph at impact)*

1. Direction *(geographical)*
   1. North 2. South 3. East 4. West

Code 18. Position of Car Unit in Train

1. Position
   1. Stalled or stuck on crossing
   2. Stopped on crossing
   3. Moving over crossing
   4. Trapped on crossing by traffic
   5. Blocked on crossing by gates

Code

1. Circumstance
   1. Rail equipment struck highway user 2. Rail equipment struck by highway user

Code

20a. Was the highway user and/or rail equipment involved

in the impact transporting hazardous materials? Code

* + 1. Highway user 2. Rail equipment 3. Both 4. Neither

20c. State here the name and quantity of the hazardous material released, if any.

20b. Was there a hazardous materials release by

1. Highway user 2. Rail equipment 3. Both 4. Neither

Code

21. Temperature *(Specify if minus)* 22. Visibility *(single entry)*

Code 23. Weather *(single entry)*

Code

F 1. Dawn 2. Day 3. Dusk 4. Dark

1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow
   1. Freight Train

5. Single Car

9. Maint./inspect. Car

D. EMU

1. Type of Equipment

Consist 2. Passenger Train-Pulling 6. Cut of cars

A. Spec. MoW Equip.

E. DMU Code

1. Track Type Used by Rail

Equipment Involved

Code

1. Track Number or Name

*(single entry)*

* 1. Commuter Train-Pulling 7. Yard/switching B. Passenger Train-Pushing
     1. Main 2. Yard 3. Siding 4. Industry

27. FRA Track

4. Work train

28. Number of

1. Light loco(s)

C. Commuter Train-Pushing

* 1. Number
  2. Consist Speed *(Recorded speed,*

Code

* 1. Time Table Direction

Code

Class (1-9, X)

Locomotive Units

of Cars

R - Recorded

*if available)*

* + 1. North 3. East
  1. Type of

Crossing

1. Gates
2. Cantilever FLS
3. Wig wags
4. Hwy. traffic signals
5. Crossbucks
6. Stop signs
7. Flagged by crew
8. Other *(specify)*

E - Estimated MPH

33. Signaled Crossing Warning

1. South 4. West

34. Roadway Conditions

1. Dry

Warning

Code(s)

1. Standard FLS

6. Audible

9. Watchman

12. None

*(See reverse side for instructions and codes)*

Code

1. Wet
2. Snow/slush
3. Ice
4. Sand, Mud, Dirt, Oil, Gravel
5. Water (Standing, Moving)

Code

1. Location of Warning
   1. Both sides
   2. Side of vehicle approach
   3. Opposite side of vehicle approach

Code

1. Crossing Warning Interconnected with Highway Signals
   1. Yes
   2. No
   3. Unknown

Code

1. Crossing Illuminated by Street Lights or Special Lights
   1. Yes
   2. No
   3. Unknown

Code

1. Highway
2. Highway User's Gender
3. Highway User Went Behind or in Front of Train
4. Highway User
5. Other *(specify)*
6. Went around/thru

User's

Age

* 1. Male
  2. Female

Code

and Struck or was Struck by Second Train

1. Yes 2. No 3. Unknown

Code

1. Went around the gate
2. Stopped and then proceeded
3. Did not stop
4. Stopped on crossing

temporary barricade

*(if yes, see instructions)*

1. Went thru the gate
2. Suicide/Attempted suicide

Code

1. Driver Passed Standing
2. View of Track Obscured by *(primary obstruction)*

Code

Highway Vehicle

* 1. Yes 2. No 3. Unknown

Code

1. Permanent structure
2. Standing railroad equipment
3. Passing train
4. Topography
5. Vegetation
6. Highway vehicles
7. Other *(specify)*
8. Not obstructed

Casualties to:

46. Highway-Rail Crossing Users

49. Railroad Employees

52. Passengers on Train

Killed Injured

1. Driver was
   1. Killed 2. Injured 3. Uninjured

47. Highway Vehicle Property Damage

*(est. dollar damage)*

1. Total Number of People on Train

*(include passengers and train crew)*

Code 45. Was Driver in the Vehicle?

* 1. Yes 2. No

48. Total Number of Vehicle Occupants

*(including driver)*

1. Is a Rail Equipment Accident/ Incident Report Being Filed?
   1. Yes 2. No

Code

Code

53a. Special Study Block

Video Taken? Yes No

Video Used? Yes No

53b. Special Study Block

1. Narrative Description *(Be specific, and continue on separate sheet if necessary)*
2. Typed Name & Title 56. Signature 57. Date

NOTE: This report is part of the reporting railroad's accident report pursuant to the accident reports statute and, as such shall not “be admitted as evidence or used for any purpose in any suit or action for damages growing out of any matter mentioned in said report...." 49 U.S.C. 20903. See 49 C.F.R. 225.7 (b).

**FORM FRA F 6180.57 (Rev. 08/10)**

**\* NOTE THAT ALL CASUALTIES MUST BE REPORTED ON FORM FRA F 6180.55A**

**OMB approval expires 02/28/2014**

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| --- |
| **INSTRUCTIONS FOR COMPLETING BLOCK 33** |
| Only if Types 1 - 6, Item 32 are indicated, mark in Block 33 the status of the warning devices at the crossing at the time of the accident, using the following codes:   1. Provided minimum 20-second warning. 2. Alleged warning time greater than 60 seconds. 3. Alleged warning time less than 20 seconds. 4. Alleged no warning. 5. Confirmed warning time greater than 60 seconds. 6. Confirmed warning time less than 20 seconds. 7. Confirmed no warning.   If status code 5, 6, or 7 was entered, also enter a letter code explanation from the list below:   * 1. Insulated rail vehicle.   2. Storm/lightning damage.   3. Vandalism.   4. No power/batteries dead.   5. Devices down for repair.   6. Devices out of service.   7. Warning time greater than 60 seconds attributed to accident-involved train stopping short of the crossing, but within track circuit limits, while warning devices remain continuously active with no other in-motion train present.   8. Warning time greater than 60 seconds attributed to track circuit failure (e.g., insulated rail joint or rail bonding failure, track or ballast fouled, etc.).  1. Warning time greater than 60 seconds attributed to other train/equipment within track circuit limits. 2. Warning time less than 20 seconds attributed to signals timing out before train’s arrival at the crossing/island circuit. 3. Warning time less than 20 seconds attributed to train operating counter to track circuit design direction. 4. Warning time less than 20 seconds attributed to train speed in excess of track circuit’s design speed. 5. Warning time less than 20 seconds attributed to signal system’s failure to detect train approach.   P. Warning time less than 20 seconds attributed to violation of special train operating instructions.   1. No warning attributed to signal system’s failure to detect the train. 2. Other cause(s). Explain in Narrative Description. |
| **This collection of information is mandatory under 49 CFR 225, and is used by FRA to monitor national rail safety. Public reporting burden is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing databases, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information collected is a matter of public record, and no confidentiality is promised to any respondent. Please note that an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2130-0500.** |

**NOTICE TO RAILROAD EMPLOYEE INVOLVED IN RAIL EQUIPMENT ACCIDENT/INCIDENT ATTRIBUTED TO EMPLOYEE HUMAN FACTOR**

**EMPLOYEE STATEMENT SUPPLEMENTING RAILROAD ACCIDENT REPORT**

**DEPARTMENT OF TRANSPORTATION**

**FEDERAL RAILROAD ADMINISTRATION (FRA) OMB No. 2130-0500**

**FORM FRA F 6180.78 (Rev. 08/10)**

|  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **PART I - NOTICE TO RAILROAD EMPLOYEE (To be completed by reporting railroad)** | | | | | | | | | | |
| Name of Reporting Railroad | | Date of Accident/Incident  /\_ /\_  mo day year | | | | Accident/Incident No. | | Location of Accident/Incident  (State, nearest city/town) | | |
| Applicable to this person? | **Causes reported on Form FRA F6180.54** | | | | | | | | | |
| Code | | | | Description | | | | | |
| Yes No | | | | |  | | | | | |
| Yes No | | | | |  | | | | | |
| Employee's Name (First, middle, last) | | | | | Job Title | | Name of Employing Railroad | | | |
| Employee's Home Address | | | | | | | | | | |
| **PURPOSE OF THIS FORM** A rail accident occurred that may have at least partly been caused by human error (human factor). The railroad involved with this accident is sending you this form because it is required by federal law to send this form to any railroad employee it believes may have at least been partly responsible for causing the accident/incident.  Since the railroad has named you as an employee who may have been involved in this accident, the railroad is required by federal law to complete **Part I** of this form and give you an opportunity **within 45 days** from the date that the notice was mailed or hand delivered to you to give in **Part II** of this form your version of events relating to this accident. If you would like to complete this form but are unable to do so within the time limit,  you must provide an explanation to FRA and the railroad for the need for more time. While the railroad is required by federal law to send this form to you, **you are not legally required to complete this form.** If you decide to complete the form, the railroad may, upon reviewing your supplement, decide to revise its accident report.  In **Part II** of this form, you may submit a supplemental statement to FRA on any aspect of the railroad's report. If you decide that you would like to send the railroad and FRA a statement, **please follow the INSTRUCTIONS.** | | | | | | | | | | |
| Name of Railroad Representative | | | | Signature of Railroad Representative | | | | | Date Signed | Date Mailed/Hand Delivered |
| If the employee decides to return this form to the railroad, the form should be sent to: [name and address of railroad representative] | | | | | | | | | | |
| **PART II - SUPPLEMENT - EMPLOYEE STATEMENT REGARDING RAILROAD ACCIDENT REPORT**  I would like to supplement the railroad's accident report with the following statement: | | | | | | | | | | |
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| (Continue statement on separate sheet, if required, and mail with statement) | | | | | | | | | | |
| I have carefully read this statement and confirm that it is true to the best of my knowledge and belief.  Date Mailed/Hand Delivered to FRA: | | | | | | | | | | |
| Signature Date Signed Date Mailed/Hand Delivered to Railroad: | | | | | | | | | | |
| Your Telephone Number  Home: ( )  Work: ( ) | | | Your home or mailing address | | | | | | | |
| NOTE: This Notice and Employee Supplement under 49 C.F.R. 225.12 are part of the reporting railroad's accident report to FRA pursuant to the accident reports statute and, as such, shall not “be admitted as evidence or used for any purpose in any suit or action for damages growing out of any matter mentioned in said report...." 49 U.S.C. 20903. See 49 C.F.R. 225.7 (b). | | | | | | | | | | |

**OMB approval expires 02/28/2014**

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| **INSTRUCTIONS TO RAILROAD EMPLOYEE REGARDING COMPLETION OF PART II OF FORM FRA F 6180.78** |
| If you decide to complete this form, please follow these instructions:   1. Complete only Part II of this form. 2. Print or type your statement. 3. You may attach any relevant supporting documents, diagrams, photographs, or other evidence. 4. Sign and date your statement. 5. Send your original statement to the Federal Railroad Administration (FRA) at the following address: Operating Practices Division   Federal Railroad Administration RRS-11, Mail Stop 25  1200 New Jersey Avenue, S.E. Washington, D.C. 20590   1. Send a copy of your statement to your railroad. 2. Keep a copy of your statement for your own records. 3. Additional information concerning completion of this form may be obtained at FRA’s website at [www.FRA.DOT.GOV](http://www.FRA.DOT.GOV/) . |
| **FREQUENTLY ASKED QUESTIONS** |
| Q. Who is a railroad employee?  A. FRA defines an employee for purposes of filling out this form as a Worker on Duty-Railroad Employee; Employee, Railroad Employee not on duty; Worker on Duty-Contractor; or Worker on Duty-Volunteer. If you fit into any of these categories, you are a railroad employee for purposes of filling out this form.  Q. Do I have to fill out the form?  A. No. Neither the railroad nor FRA requires you to fill out this form. Employee statements on this form are voluntary and optional, not mandatory, and deciding not to send this form to FRA and the railroad does not imply that the employee admits or endorses the railroad’s conclusions as to the cause of the accident or any other allegations. See 49 C.F.R. 225.12(g).  Q. Will my statements remain confidential?  A. Information that the employee wishes to withhold from the railroad must not be included in this Supplement. If the employee wishes to provide confidential information to FRA, the employee should not use the Supplement form (part II of Form FRA F 6180.78), but rather provide such confidential information by other means, such as a letter to the employee’s collective bargaining representative, or to the Office of Safety Assurance and Compliance, Federal Railroad Administration, RRS-10, Mail Stop 25, 1200 New Jersey Avenue, S.E., Washington, D.C. 20590. The letter should include the name of the railroad making the allegations, the date and place of the accident, and the rail equipment accident/incident number.  Q. Is this form part of the railroad’s accident report to FRA, and as such, may it be used in private litigation?  A. No. This form under 49 C.F.R. 225.12 is part of the railroad’s accident report to FRA pursuant to the accident reports statute and as such shall not “be admitted as evidence or used for any purpose in any suit or action for damages growing out of any matter mentioned in said report…” 49 U.S.C. 20903. See 49 C.F.R. 225.7(b).  **Willful false statements can result in imposition of civil penalties.** |
| **This collection of information is mandatory under 49 CFR 225, and is used by FRA to monitor national rail safety. Public reporting burden is estimated to average 10 minutes (Part I) and 1.5 hour (Part II) per response, including the time for reviewing instructions, searching existing databases, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information collected is a matter of public record, and no confidentiality is promised to any respondent. Please note that an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2130-0500.** |

**EMPLOYEE HUMAN FACTOR ATTACHMENT**

**DEPARTMENT OF TRANSPORTATION**

FEDERAL RAILROAD ADMINISTRATION (FRA)

|  |  |  |
| --- | --- | --- |
| Name of Reporting Railroad | Railroad Accident/Incident No. (Block 1b, FRA F 6180.54) | Date of Accident/Incident (mo/day/year) |
| The railroad has determined that (check only one)   1. One or more railroad employees was the primary or a contributing cause of the accident. 2. One or more railroad employees was not the primary or a contributing cause of the accident. 3. It is uncertain whether one or more railroad employees was a primary or a contributing cause of the accident. | | |
| If item “b” or “c” was checked, go to the last line of the form. If item “a” was checked, complete the following: The railroad has identified (check only one)   1. All the railroad employees who were the primary cause or a contributing cause of the accident/incident. 2. Some, but not all of the railroad employees who were the primary cause or contributing cause of the accident/incident. 3. None of the railroad employees who were the primary cause or a contributing cause of the accident/incident. | | |

#### OMB No. 2130-0500

If item “3” above was checked, go to the last line of this form.

If item “1” or “2” was checked, complete the following for each employee identified as the primary cause or a contributing cause of the accident/incident. Attach additional pages if needed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Railroad Employee (last, first, middle) | Job Title | | Railroad Code of Employing Railroad | Cause Code(s) Applicable to this Employee | |
| Describe why the employee was the primary cause or contributing cause of the accident/incident.  Did the employee die as a result of the accident/incident? Yes No | | | | | |
| Typed Name and Title | | Signature | | | Date |
| **Note: This form under 49 C.F.R. 225.12 is part of the railroad's accident report to FRA pursuant to the accident reports statute and as such shall not "be admitted as evidence or used for any purpose in any suit or action for damages growing out of any matter mentioned in said report. . . ." 49 U.S.C. 20903. See 49 C.F.R. 225.7 (b).**  **Note: Under 49 C.F.R. 225.29, any person who violates any requirement of 49 C.F.R. Part 225 or causes the violation of any such requirement is subject to a civil penalty. Penalties may be assessed against individuals only for willful violations. A person may also be subject to criminal penalties provided for in 49 U.S.C. 21311.** | | | | | |
| **This collection of information is mandatory under 49 CFR 225, and is used by FRA to monitor national rail safety. Public reporting burden is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing databases, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information collected is a matter of public record, and no confidentiality is promised to any respondent. Please note that an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2130-0500.** | | | | | |

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| **INSTRUCTIONS FOR COMPLETING FORM FRA F 6180.81 “EMPLOYEE HUMAN FACTOR ATTACHMENT”** |
| **Requirements**  If, in reporting a rail equipment accident/incident on Form FRA F 6180.54, a railroad cites an employee human factor as the primary cause or a contributing cause of the accident, the railroad that cited such employee human factor must complete Form FRA F 6180.81, entitled “Employee Human Factor Attachment.”  The Form FRA F 6180.81 must be attached to its related Rail Equipment Accident/Incident report.  This Form is only used in connection with a reportable rail equipment accident/incident where Form FRA F 6180.54 submitted to FRA identifies an employee human factor as either the primary cause or contributing cause of the accident.  **General Instruction**  Each employee identified on Form FRA F 6180.81 must be notified that he or she has been identified as a possible primary or a contributing cause of an accident. That notification is to be given on Form FRA F 6180.78. Instructions for completing Form FRA F 6180.78 are noted on the attachment to that form. You also may wish to refer to the FRA Guide for Preparing Accident/Incident Reports, or FRA’s website at [www.FRA.DOT.GOV](http://www.FRA.DOT.GOV/) for completion of that form. |
| **FREQUENTLY ASKED QUESTIONS** |
| Q. Under what circumstances must the reporting railroad complete a Form FRA F 6180.81?  A. This form should be completed only when a railroad, in reporting a rail equipment accident/incident to FRA assigns any of the cause codes listed under “Train Operation”-Human Factors as listed in Appendix C to the FRA Guide for Preparing Accident/Incident Reports as the primary cause or a contributing cause of the rail equipment accident/incident.  Q. What is the **definition of a “railroad employee”** for purposes of completing this form?  A. “Railroad Employee” means Worker on Duty-Railroad Employee (Class A), Railroad Employee not on Duty (Class B), Worker on Duty- Contractor (Class F), and Worker on Duty-Volunteer (Class H). See 49 C.F.R. 225.5, 225.12.  Q. What is the definition of “the primary cause or a contributing cause”?  A. The “primary cause or a contributing cause” is an act, omission, or physical condition such as alcohol intoxication, fatigue, or legal or illegal drug use that was the main cause or a contributing cause of the accident/incident. If an employee was intoxicated or fatigued, but the accident would have happened anyway and with the same degree of severity, then the intoxication, fatigue is not the primary or a contributing cause. If the employee’s act, omission, or physical condition only remotely contributed to the accident/incident, this is still a contributing cause of the accident.  Q. Should I send a Form FRA F 6180.78 to an employee’s home **if the employee died** as a result of the accident?  A. No. A Notice for an employee must not be sent if that employee has died as a result of that accident. A Notice is not required and is not recommended for an employee who has died due to any cause by the time that Notice is ready to be sent.  Q. What should I do if the railroad alleges **an employee from another railroad is the primary cause or a contributing cause of the accident**?  A. You should notify the employee’s railroad that the reporting railroad alleges that the primary or a contributing cause of the accident was that employee. The employee’s railroad should then promptly provide to the reporting railroad the name, title, address, and medical status of that employee.  Q. What if the reporting railroad **cannot initially identify an employee** as the primary cause or a contributing cause of an accident but subsequently does identify such employee?  A. The reporting railroad should prepare a revised form FRA F 6180.81 and forward it to FRA. In addition, the reporting railroad, will have **15 days**  from the date of the revised form to send an FRA F 6180.78 to that employee.  Q. May a reporting railroad ever **defer notice** to an employee?  A. Yes. Particularly if the employee was seriously injured, a railroad may defer notice to the employee.  Q. Must the reporting railroad attach a Form FRA F 6180.81 to the Form FRA F 6180.54 if the reporting railroad has scheduled or is **conducting a formal investigation** of the accident to determine if it was caused by human factor, but the investigation is not concluded before the filing of the regular monthly report?  A. Yes. The reporting railroad must nevertheless attach the FRA F 6180.81 to the Form FRA F 6180.54. Moreover, when completing the 6180.81 in this situation, the reporting railroad should in the “Brief Description” block, explain that the employees have not been named because the railroad is still conducting a formal investigation. Indicate whether the formal investigation is currently in progress or the date that it is scheduled to begin. Once the investigation is completed, the reporting railroad must file a “corrected copy” of the Form FRA F 6180.81 for each implicated employee.  Q. When must the reporting railroad notify the implicated employee?  A. A Notice for an employee must be sent within **45 days** from the end of the month in which the accident occurred, unless the employee has died, or in the reporting railroad’s discretion, the reporting railroad should defer notice. |

**DEPARTMENT OF TRANSPORTATION**

FEDERAL RAILROAD ADMINISTRATION (FRA)

**INITIAL RAIL EQUIPMENT ACCIDENT/INCIDENT RECORD**

#### OMB No. 2130-0500

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Date of Accident/Incident (YY/MM/DD) | | | | | | | 2. Time of Accident/Incident AM  PM | | | | | |  |
|  |
| 3. Name of Railroad | | | | | | | | 4. Incident Number | | | | | |
| 5. Other Railroad or Entity | | | | | | | | 6. Incident Number | | | | | |
| 7. Railroad or Other Entity Responsible for Track Maintenance | | | | | | | | 8. Incident Number | | | | | |
| 9. Type of Accident/Incident (Derailment, Collision, Obstruction, Other) | | | | | | | | | | | | | |
| 10. Number of Hazmat Cars Damaged or Derailed | | | | | | | 11. Number of Hazmat Cars Releasing Product | | | | | | |
| 12. Subdivision | 13. Nearest City/Town | | | | | | 14. County | | | | 15. State | | |
| 16. Milepost *(to nearest tenth)* | | 17. Specific Site | | | | | | | | | | | |
| 18. Speed Actual  Estimated | | | | | |  | 19. Train/Job Number | | | | | | |
|  |
| 20. Type of Equipment (Freight, Passenger, Yard/Switching, etc.) | | | | | | | 21. Type of Track (Main, Yard, Siding, Industry) | | | | | | |
| 22. Total Locomotive Units in Train | | | 23. Total Locomotives Derailed | | | | 24. Total of Cars in Equipment Consist | | 25. Total Cars Derailed | | | | |
| 26. Equipment Damage *(in dollars)* | | | | | | | 27. Track, Signal, Way & Structure Damage *(in dollars)* | | | | | | |
| 28. Primary Cause | | | | | | | 29. Contributing Cause | | | | | | |
| 30. Casualties | | | | Nonfatal | Fatal | |  | | | Nonfatal Fatal | | | |
| Worker on duty – railroad employee | | | |  |  | | Worker on duty - contractor | | |  | | | |
| Railroad employees not on duty | | | |  |  | | Contractor - other | | |  | | | |
| Passengers on trains | | | |  |  | | Worker on duty - volunteer | | |  | | | |
| Nontrespassers/on railroad property | | | |  |  | | Volunteer - other | | |  | | | |
| Trespassers | | | |  |  | | Nontrespassers/off railroad property | | |  | | | |
| 31. Narrative Description (Be specific, and continue on separate sheet if necessary) | | | | | | | | | | | | | |
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| 32. Was this accident/incident reported to the FRA? Yes No | | | | | | | | | | | | | |
| 33. Name of Railroad Official 34. Signature 35. Telephone Number | | | | | | | | | | | | 36. Date initially signed/completed | |
| NOTE: This report is part of the reporting railroad's accident report pursuant to the accident reports statute and, as such shall not "be admitted as evidence or used for any purpose in any suit or action for damages growing out of any matter mentioned in said report. . . ." 49 U.S.C. 20903.  See 49 C.F.R. 225.7 (b). | | | | | | | | | | | | | |
| **This collection of information is mandatory under 49 CFR 225, and is used by FRA to monitor national rail safety. Public reporting burden is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing databases, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information collected is a matter of public record, and no confidentiality is promised to any respondent. Please note that an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2130-0500.** | | | | | | | | | | | | | |

**RAILROAD EMPLOYEE INJURY AND/OR ILLNESS RECORD**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Railroad | | | | | | | | | | | | | | | 2. Case/Incident Number | | | | | | | |
| **EMPLOYEE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | |
| 3. Last Name, First Name, Middle Initial | | | | | | 4. Date of Birth | | | | 5. Sex (M/F) | | | | 6. Employee ID Number | | | | | | | 7. Date Hired | |
| **HOME ADDRESS:** | 8. Street Address *(include Apt. No.)* | | | | | 9. City | | | | | | | 10. State | | | 11. ZIP | | | 12. Home Telephone No.  *(include area code)* | | | |
| **ESTABLISHMENT/ FACILITY WHERE EMPLOYEE NORMALLY REPORTS:** | | | | 13. Name of Facility | | | | | | | | | | | | | | | | | | |
| 14. Street Address | | | | | 15. City | | | | | | | | | 16. State | | | | 17. ZIP |
| 18. Job Title | | | | | | | | 19. Department Assigned To | | | | | | | | | | | | | | |
| **ACTIVITY/INCIDENT/EXPOSURE DESCRIPTION** | | | | | | | | | | | | | | | | | | | | | | |
| **LOCATION WHERE ACCIDENT/ INCIDENT/ EXPOSURE OCCURRED:** | | 20. Specific Site | | | | | | | | | | | | | | | | | | | | |
| 21. City | | | | | | 22. County | | | | | | | | | | | 23. State | | | 24. ZIP |
| 25. Is this on your premises?  Yes No | | | 26. Date of Occurrence | | 27. Time Shift Began AM  PM | | | | | |  | 28. Time of Occurrence AM  PM | | | | | | |  | 29. Was person on duty?  Yes No | | |
|  |  |
| **COMPANY NOTIFICATION:** | | 30. Date that Employee Notified Company Personnel of Condition | | | | | 31. Time that Employee Notified AM Company Personnel of Condition  PM | | | | | | | | | |  | 32. Person Notified | | | | |
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| 33. Describe the general activity this person was engaged in prior to injury/illness. | | | | | | | | | | | | | | | | | | | | | | |
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| 34. Describe all factors associated with this case that are pertinent to an understanding of how it occurred. Include a discussion of the sequence of events leading up to it, and the tools, machinery, processes, material, environmental conditions, etc., involved. | | | | | | | | | | | | | | | | | | | | | | |
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| NOTE: This report is part of the reporting railroad's accident report pursuant to the accident reports statute and, as such shall not "be admitted as evidence or used for any purpose in any suit or action for damages growing out of any matter mentioned in said report. . . ." 49 U.S.C. 20903.  See 49 C.F.R. 225.7 (b). | | | | | | | | | | | | | | | | | | | | | | |

**DEPARTMENT OF TRANSPORTATION**

**FEDERAL RAILROAD ADMINISTRATION (FRA) OMB No. 2130-0500**

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| **INJURY/CONDITION INFORMATION** | | | |
| 35. Describe in detail the injury/condition that this person sustained. Include a discussion of the body parts affected. If this is a recurrence, list date of last occurrence. | | | |
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| 36. Identify all persons and organizations used to evaluate and/or treat condition. (Include facility, provider, and address) | | | |
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| 37. Describe all procedures, medications, therapy, etc., used/recommended for the treatment of condition: | | | |
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| 38. Check any of the following consequences resulting from this injury/condition:  Death. Date of: Hospitalization for treatment as an  inpatient.  Restriction of work. Reportable days of restricted activity: as of: Multiple treatments or therapy sessions.  Occupational illness. Date of initial diagnosis: Loss of consciousness. Instructions to obtain prescription medication, or receipt of prescription medication.  Missed a day of work or next shift. Reportable days absent from work: as of: Significant injury/illness, one meeting specific case criteria, or a covered data case.  Medical treatment. This includes any medical care or treatment beyond “first aid” that is given, or should have been given, regardless of who provided the treatment. “First Aid” treatment is limited to very simple procedures, e.g., application of a bandaid on minor scratches, cuts, abrasions, etc.  Transfer to another job or termination of employment. | | | |
| 39. If any of the above consequences occurred, the injury/condition is almost always reportable to FRA on Form FRA F 6180.55a. If you believe this case does not meet the reporting criteria, you must give a brief explanation below of the basis for this decision. Was the case reported? Yes No | | | |
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| 40. Has this employee been provided an opportunity to review his or her file? Yes No | | | |
| 41. Preparer’s Name | 42. Preparer’s Title | 43. Telephone Number | 44. Date initially signed/completed |
| **This collection of information is mandatory under 49 CFR 225, and is used by FRA to monitor national rail safety. Public reporting burden is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing databases, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information collected is a matter of public record, and no confidentiality is promised to any respondent. Please note that an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2130-0500.** | | | |

**ALTERNATIVE RECORD FOR ILLNESSES CLAIMED TO BE WORK-RELATED**

**DEPARTMENT OF TRANSPORTATION**

FEDERAL RAILROAD ADMINISTRATION (FRA)

#### OMB No. 2130-0500

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Name of Reporting Railroad | | | | | | 2. Case/Incident Number | | |
| 3. Employee’s Name (First, middle, last) | | | | | | | | |
| 4. Employee’s Date of Birth (mm/dd/yy) | 5. Employee’s Gender  Male Female | | | 6. Employee ID Number | | 7. Date Employee was Hired (mm/dd/yy) | | |
| 8. Employee’s Home Address (include street address, city, State and ZIP code) | | | | | | 9. Employee’s Home Telephone Number (with area code) | | |
| 10. Name of Facility Where Railroad Employee Normally Reports to Work | | | | | 11. Location, or Last Known Facility, Where Employee Reports to Work | | | |
| 12. Job Title of Railroad Employee | | | 13. Department to Which Employee is Assigned | | | | | |
| 14. Date on Which Employee or Representative Notified Company Personnel of Condition (mm/dd/yy) | | | 15. Name of Railroad Official Notified | | | | 16. Title of Railroad Official Notified | |
| 17. Nature of Claimed Illness | | | | | | | | |
| 18. Supporting Documentation | | | | | | | | |
| 18.a. Custodian of Documents (Name, Title, and Address) | | | | | 18.b. Location of Supporting Documentation | | | |
| 19. Narrative | | | | | | | | |
| 20. Preparer’s Name | | 21. Preparer’s Title | | | 22. Preparer’s Telephone Number (with area code) | | | 23. Date initially signed/completed |
| QUESTIONS AND ANSWERS | | | | | | | | |
| Q1. The only information provided to the railroad was the employee’s name and Employee ID Number. Further attempts to complete the other data elements were rejected by the employee and/or his or her attorney. Does this meet FRA requirements?  A1. Yes. The railroad should continue to complete all the data elements when the information becomes available and should make a good faith effort to obtain the information. However, the railroad is not expected to continue this effort past December 1 of the year that follows the date on which the railroad first received a claim of the illness. | | | | | | | | |
| NOTE: This report is part of the reporting railroad's accident report pursuant to the accident reports statute and, as such shall not "be admitted as evidence or used for any purpose in any suit or action for damages growing out of any matter mentioned in said report. . . ." 49 U.S.C. 20903.  See 49 C.F.R. 225.7 (b). | | | | | | | | |
| **This collection of information is mandatory under 49 CFR 225, and is used by FRA to monitor national rail safety. Public reporting burden is estimated to average 75 minutes per response, including the time for reviewing instructions, searching existing databases, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information collected is a matter of public record, and no confidentiality is promised to any respondent. Please note that an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2130-0500.** | | | | | | | | |

**DEPARTMENT OF TRANSPORTATION**

Federal Railroad Administration (FRA) **OMB No. 2130-0500**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PART I – Highway Rail-Grade Crossing Accident/Incident (To be completed by reporting railroad)** | | | | | | | | | | | | | | |
| 1a. Date of Accident/Incident (mm/dd/yyyy) | | | | 1b. Time of Accident/Incident AM PM | | | | | | | | | | |
| 2a. Name of Railroad | | | | 2b. Alphabetic Code | | | | 3. Railroad Accident/Incident Number | | | | | | |
| 4. U.S. DOT Grade Crossing Identification Number | | | | | | | | | | | | | | |
| 5. Highway Name or Number | 6. City (if in a city) | | | | 7. County | | | | | | | 8. State Abbr. | | |
| **PART II - Highway User Statement (To be completed by highway user or highway user's representative)** | | | | | | | | | | | | | | |
| 9a. Highway User’s Last Name | | 9b. First Name | | | | | 9c. Middle Initial | | | | 10. Highway User 's Age | | | |
| 11. Highway User's Telephone (Primary) | | 12. Highway User's Telephone (Secondary) | | | | | 13. Highway User's E-mail Address | | | | | | | |
| 14. Highway User's Mailing Address | | | | | | | | | | | | | | |
| 15a. Did you suffer an injury, or injuries, as a result of the highway-rail grade accident/incident described above? | | | | | | | | |  | Yes | | |  | No |
| 15b. Narrative Description: If you answered "Yes" to 15a., please describe the nature and severity of your injury, or injuries, the event(s) that caused the injury, or injuries, and any other relevant information. You may continue the Narrative Description on back of form. | | | | | | | | | | | | | | |
| 16a. As a result of your injury, or injuries, caused by the highway rail-grade crossing accident/incident, did you (please check all that apply and complete the Narrative Description in 16b.):   1. Receive medical treatment beyond first aid (i.e. prescription medication or stitches) 2. Lose consciousness 3. Suffer a fractured or cracked bone, or a punctured eardrum diagnosed by a physician or other licensed health care provider 4. Receive transportation from the highway rail-grade crossing accident/incident to a medical facility via emergency medical transportation (EMT) (i.e. ambulance) | | | | | | | | | | | | | | |
| 16b. Narrative Description: (1) Describe any medical treatment received as a result of the accident; (2) Provide additional information about the boxes checked in 16a. above; and (3) Provide other related information. You may continue the Narrative Description on back of form. | | | | | | | | | | | | | | |
| 17a. Name of Person Completing Part II Check Appropriate Box:  Highway User  Highway User's Representative | | | 17b. Highway User’s Representative’s Name (if applicable):  Telephone Number: Relationship: | | | 18. Signature | | | | | | 19. Date | | |
| Note: Railroads are required to send this form under 49 CFR 225. | | | | | | | | | | | | | | |

**FORM FRA F 6180.150 (Rev. 08/10)** NOTE THAT RAILROAD MUST REPORT ALL REPORTABLE CASUALTIES ON FORM FRA F 6180.55a

**OMB approval expires 02/28/2014**

**(Continued)**

|  |  |  |
| --- | --- | --- |
| Identifying Information (from first page) : | | |
| Date of Accident/Incident (mm/dd/yyyy) | Railroad Accident/Incident Number | |
| Highway User’s Last Name | First Name | Middle Initial |
| Narrative Description - Continued (If additional space was needed in the Narrative Description boxes (15b. and 16b.), from the other side of this form, please continue the narrative in this box.) | | |
| **Public reporting burden is estimated to average 50 minutes per response for railroads for their part of this form and 45 minutes for highway users or their representatives for their part of this form. This includes the time for reviewing instructions, searching existing databases, gathering and maintaining the data needed, and completing and reviewing the collection of information. Responses by the railroad are mandatory and responses by highway users or their representatives to this collection of information are voluntary. The information collected is a matter of public record, and no confidentiality is promised to any respondent. Please note that an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2130-0500.** | | |

**FRA Guide for Preparing Accident/Incident Reports**

**APPENDIX I**

**Model Internal Control Plans, Including Model Statement of Policy Against Harassment and Intimidation and Model Complaint Procedures**

**Explanatory Note**

The Federal Railroad Administration’s (FRA) safety regulations require railroads to adopt and comply with a written Internal Control Plan (ICP) on accident/incident reporting. (See Chapter 1 of Guide.) The intent of the ICP requirement is to ensure that the railroad’s Reporting Officer has the required information to prepare accurate accident/incident reports to FRA and that employees are not afraid to provide relevant information.

Section 225.33(a) of Title 49 of the Code of Federal Regulations (49 CFR § 225.33(a)) specifies the components to be included in an ICP. **All railroads subject to 49 CFR Part 225 must have an ICP with either:**

#### two components (corresponding to § 225.33(a)(1)-(2); or 11 components (corresponding to § 225.33(a)(1)-(11).

**Certain small railroads need have only a two-component ICP.** In particular, railroads that operate or own track on the general railroad system of transportation that have 15 or fewer employees covered by the hours of service statute (Title 49 U.S. Code, Chapter 211) and non- insular tourist and historic railroads that operate or own track exclusively off the general system must have a two-component ICP. (See § 225.3(b), 61 Fed. Reg. 67490 (Dec. 23, 1996).) The first component involves adopting, disseminating, and complying with a policy statement against harassment and intimidation, including a statement of the disciplinary action to be imposed for violation of this policy. The second component entails (i) having both a procedure for processing complaints of violations and a policy not to retaliate against complainants and (ii) disclosing such procedure and policy.

#### Other railroads subject to Part 225 must have a full-scale ICP that includes all 11 components specified in § 225.33(a)(1)-(11).

Primarily to assist small railroads in developing their ICPs, FRA is presenting in this appendix two model ICPs that can be used. Each contains blanks to be completed by the railroad.

#### For railroads required to have only a two-component ICP, Model 1 is a suggested two- component ICP.

**For railroads required to have an 11-component ICP, Model 2 is a suggested ICP for such railroads with fewer than 200 employees.**

**APPENDIX I – Continued**

*These models are only suggestions.* A railroad’s trade organization may have its own model ICP. *There is no definitive ICP.* Large railroads, because of their complexity, may prefer to develop an ICP quite different from Model 2, and yet still be consistent with the regulation. Smaller railroads may also decide to depart from the suggested models. Details, such as the structure, forms, lines of communication, and instructions, are left to the railroad’s discretion to design and implement. FRA recommends that railroads structure their ICPs in the same manner that the CFR shows the components, e.g., 49 CFR 225.33(a)(1), then 225.33(a)(2), then 225.33(a)(3), etc.

A railroad may develop some synthesis between plans and develop its own plan so long as it is consistent with the regulation. Railroads may follow any applicable model ICP provided in the Guide and are also encouraged to tailor their ICP based upon their particular operation, structure, or situation. After the ICP is put in place, if any significant changes to the railroad’s internal reporting procedures occur, the ICP must be amended.

### APPENDIX I – Continued

**Model 1:**

**Model Statement of Policy against Harassment and Intimidation; Model Complaint Procedures**

#### Policy Statement of [Name of Railroad Company]

**Concerning Complete and Accurate Reporting**

**of Accidents, Incidents, Injuries, and Occupational Illnesses without Harassment or Intimidation**

This railroad is committed to complete and accurate reporting of all accidents, incidents, injuries, and occupational illnesses arising from the operation of the railroad, to full compliance with the letter and spirit of the Federal Railroad Administration’s accident reporting regulations, and to the principle, in absolute terms, that harassment or intimidation of any person that is calculated to discourage or prevent such person from receiving proper medical treatment or from reporting such accident, incident, injury, or illness will not be permitted or tolerated and will result in disciplinary action in the form of against any employee, supervisor, manager, or officer of this railroad committing such harassment or intimidation.

This policy statement is required by Federal regulation, 49 CFR § 225.33(a)(1)-(2), and all employees, supervisory personnel, and management have been provided a copy of this Policy Statement [when starting employment and/or by its remaining posted in a conspicuous location where they can reasonably be expected to see it].

#### [NOTE: 49 CFR § 225.33(a)(2) requires disclosure to all railroad employees, supervisors, and management of the railroad’s procedures for dealing with complaints of violations of the preceding policy, and the railroad’s guarantee of “whistleblower” protection to any person subject to the policy. Disclosure may be accomplished by combining the following paragraph with the preceding policy statement and disseminating the combination.

**Alternatively, the following information may be disclosed separately, by other means.]**

**[Complaint Procedures**]

This railroad will investigate/implement the following procedure to process all complaints from any person about the policy stated above being violated:

. This railroad will implement the following procedure in order to impose the appropriate prescribed disciplinary actions on any employee, supervisor, manager, or officer of the railroad found to have violated the policy:

. This railroad shall provide “whistleblower” protection to any person subject to this policy. Any act of intimidation should be reported to our railroad president/operating officer/[ title ] , .

### APPENDIX I – Continued

**Model 2:**

**Model Internal Control Plan for Smaller Railroads**

(suggested size: fewer than 200 employees)

#### RAILROAD

**NAME:**

**ADDRESS: TELEPHONE:**

**FAX:**

**OTHER ADDRESS,**

**(if any):**

**TELEPHONE:**

**FAX:**

**FEDERAL RAILROAD ADMINISTRATION (FRA) ACCESS TO INTERNAL CONTROL PLAN**

The Internal Control Plan shall be maintained at the office where the railroad’s accident/incident Reporting Officer conducts his or her official business. The Plan shall be available for examination and copying by Federal Railroad Administration representatives (including participating State personnel) during normal business hours.

#### Policy Statement of [Name of Railroad Company]

**Concerning Complete and Accurate Reporting**

**of Accidents, Incidents, Injuries, and Occupational Illnesses without Harassment or Intimidation**

This railroad is committed to complete and accurate reporting of all accidents, incidents, injuries, and occupational illnesses arising from the operation of the railroad, to full compliance with the letter and spirit of FRA’s accident reporting regulations, and to the principle, in absolute terms, that harassment or intimidation of any person that is calculated to discourage or prevent such person from receiving proper medical treatment or from reporting such accident, incident, injury, or illness will not be permitted or tolerated and will result in the following disciplinary action

### APPENDIX I – Continued

against any employee, supervisor, manager, or officer of the railroad committing such harassment or intimidation.

Disciplinary Action:

The preceding Policy Statement has been disseminated to all employees, supervisory personnel, and management.

#### [NOTE: 49 CFR § 225.33(a)(2) requires disclosure to all railroad employees, supervisors, and management of the railroad’s procedures for dealing with complaints of violations of the preceding policy and the railroad’s guarantee of “whistleblower” protection to any person subject to the policy. Disclosure may be accomplished by combining the following paragraph with the preceding policy statement and disseminating the combination.

**Alternatively, the following information may be disclosed separately, by other means.]**

**COMPLAINT PROCEDURES**

Railroad procedures to process a complaint of violation of the Policy:

Railroad procedures to impose the appropriate prescribed disciplinary actions on each employee, supervisor, manager, or officer of the railroad found to have violated the Policy:

* These procedures have been disclosed to railroad employees, supervisors, managers, and officers, including the stipulation that “whistleblower” protection is provided to any person subject to the Policy.

### APPENDIX I – Continued

**INTERNAL REPORTING FORMS AND PROCEDURES**

The following internal forms or computer reporting system, or both, are used for the collection and internal recording of accident/incident information:

#### Forms (attached)

1.

2.

3.

4.

Description of the internal procedures used by the railroad for the processing of forms or computerized data, or both, regarding accident/incident information:

## INTERNAL REVIEW PROCEDURES

Description of the internal review procedures for accident/incident information collected and reports prepared by the railroad’s safety, claims, medical, and other departments engaged in collecting and reporting accident/incident information:

Description of internal procedures for collecting cost data and compiling costs with respect to accident/incident information:

### APPENDIX I – Continued

Description of internal procedures for ensuring adequate communication between the railroad department responsible for reporting accidents/incidents to FRA and any other railroad department responsible for collecting, receiving, processing, and reporting information on accidents/incidents:

Procedures for updating accident/incident information prior to reporting to FRA:

After reporting to FRA, amendments to accident/incident reports are made as specified in the “FRA Guide for Preparing Accident/Incident Reports.”

ATTACHMENTS: Policy Statement

Complaint Procedures Internal Reporting Forms

## RAILROAD AUDITS

The railroad officer responsible for auditing the performance of the reporting function is:

(Name) (Title)

A railroad audit will be conducted at least once each calendar year. For purposes of inspection and copying by the FRA, the most recent railroad audit report may be found at:

. (Location)

### APPENDIX I – Continued

**RAILROAD ORGANIZATION**

* 1. The specific departments within a railroad whose personnel regularly come into possession of information pertinent to the preparation of accident/incident reports to FRA are, for example, the medical, claims, legal, operating, mechanical, track, payroll, accounting, and personnel departments. In this railroad, the specific departments whose personnel regularly come into possession of information pertinent to the preparation of accident/incident reports to FRA are:

.

* 1. The following persons are all of the managers and officers of the specific departments within the railroad whose departments regularly come into possession of information pertinent to the preparation of reports under Part 225.

#### Name (optional) Title Department Reports to

1.

2.

3.

4.

5.

6.

7.

NOTE: A current organization chart satisfies the requirement for identification of titles and chain of command under heading B.

#### ACCIDENT/INCIDENT REPORTING OFFICER

**NAME:**

**TITLE:**

**ADDRESS:**

**(If different than above)**

**TELEPHONE:**

**FAX:**

**APPENDIX I – Continued**

**CUSTODIAN(S) OF RECORDS**

When using Form FRA F6180.107 or the alternate railroad-designed form, the following must be provided:

Name(s) of Custodian(s) of Records: Title(s) of Custodian(s) of Records: Address(es) of Custodian(s) of Records:

Where the Documents are Located:

**APPENDIX J**

**Instructions for Completing “Type of Territory” (Block 30)**

**on the Rail Equipment Accident/Incident Report (Form FRA F 6180.54)**

The host railroad (railroad responsible for track maintenance) will determine/provide the “Type of Territory” in effect at the time of the accident. Other railroads involved should consult with the host railroad when completing this block.

The codes used to complete the Type of Territory block are dependent on the Type of Track (block 20) on the Rail Equipment Accident/Incident Report, Form FRA F 6180.54. The railroad completing the report must first determine the type of track. Once the type of track is determined, then the Type of Territory codes can be completed. Each spreadsheet is labeled by the Type of Track and has its own allowable uses.

***Block 30*** “Type of Territory” of the Rail Equipment Accident/Incident Report, Form FRA

F 6180.54, has five positions for five codes. Only use the Type of Territory that was in effect at the time of the accident.

* + - The first position—required—will indicate the type of territory (signaled or nonsignaled).
    - The second position—required—will indicate the authority for movement.
    - The third, fourth, and fifth positions—optional—are supplemental/adjunct codes. (They are mandatory to the extent that all applicable codes are entered). When used, they must be entered in hierarchical sequence, i.e., by order of precedence. For ease of reading, the supplemental/adjunct methods are listed in alphabetical order, followed by the code.

***Other—Narrative Required.*** This should be used when the situation cannot be adequately described with the existing codes.

The railroad responsible for track maintenance will determine/provide the Type of Track and Type of Territory that were in effect at the time of the accident.

***Direct Train Control.*** This is an FRA umbrella term and refers to modern-day derivatives of traditional timetable/train order methodology. These methods of control have greatly modernized and simplified train operations by eliminating timetable schedules, train registers, superiority, and the attendant array of complicated operating rules. These systems are predicated on the train dispatcher having direct and continuous radio contact with all trains; hence the informal name "radio train dispatching." In place of the train order, there is a written document known variously as a track warrant, DTC clearance, OCS clearance, track permit, Form D, etc. There are two basic direct train control systems presently in use on today's railroads: one that uses fixed blocks (i.e., the limits are constant and are identified both in the timetable and by wayside signs); and one that uses variable blocks (i.e., the limits are not constant and are created by the train dispatcher for each train).

These systems are variously identified in the industry as:

1. Track Warrant Control (TWC)
2. Direct Traffic Control (DTC)
3. Form D Control System (DCS)
4. Occupancy Control System (OCS)
5. Manual Block System (MBS)

(**Note:** these could all be considered stand-alone methods of operation and may be shown as such.)

**Type of Territory for Main Track**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position 1** | **Position 2**  **Method of Operation/** | **Position 3** | **Position 4** | **Position 5** |
| **Signalization** | **Authority for Movement** | **Supplemental Codes** | **Supplemental Codes** | **Supplemental Codes** |
| 1 - Signaled | 1 - Signal Indication | A - Auto Cab Signals | A - Auto Cab Signals | A - Auto Cab Signals |
|  |  | B - Auto Train Control | B - Auto Train Control | B - Auto Train Control |
|  |  | C - Auto Train Stop | C - Auto Train Stop | C - Auto Train Stop |
|  |  | D - Automatic Block Signals System | D - Automatic Block Signals System | D - Automatic Block Signals System |
|  |  | G - Interlocking | G - Interlocking | G - Interlocking |
|  |  | J - Positive Train Control | J - Positive Train Control | J - Positive Train Control |
|  |  | L - Special Instructions | L - Special Instructions | L - Special Instructions |
|  |  | Q - Traffic Control System/CTC | Q - Traffic Control System/CTC | Q - Traffic Control System/CTC |
|  |  | R - Yard/Restricted Limits  Z - Other – Narrative Required | R - Yard/Restricted Limits  Z - Other – Narrative Required | R - Yard/Restricted Limits  Z - Other – Narrative Required |
| 1 - Signaled | 2 - Direct Train Control | A - Auto Cab Signals | A - Auto Cab Signals | A - Auto Cab Signals |
|  |  | B - Auto Train Control | B - Auto Train Control | B - Auto Train Control |
|  |  | C - Auto Train Stop | C - Auto Train Stop | C - Auto Train Stop |
|  |  | D - Automatic Block Signals System | D - Automatic Block Signals System | D - Automatic Block Signals System |
|  |  | F - Direct Traffic Control | F - Direct Traffic Control | F - Direct Traffic Control |
|  |  | G - Interlocking | G - Interlocking | G - Interlocking |
|  |  | J - Positive Train Control | J - Positive Train Control | J - Positive Train Control |
|  |  | L - Special Instructions | L - Special Instructions | L - Special Instructions |
|  |  | N - Time Table/Train Orders | N - Time Table/Train Orders | N - Time Table/Train Orders |
|  |  | P - Track Warrant Control | P - Track Warrant Control | P - Track Warrant Control |
|  |  | R - Yard/Restricted Limits | R - Yard/Restricted Limits | R - Yard/Restricted Limits |
|  |  | Z - Other – Narrative Required | Z - Other – Narrative Required | Z - Other – Narrative Required |

**Type of Territory for Main Track - Continued**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position 1** | **Position 2**  **Method of Operation/** | **Position 3** | **Position 4** | **Position 5** |
| **Signalization** | **Authority for Movement** | **Supplemental Codes** | **Supplemental Codes** | **Supplemental Codes** |
| 2 - Non Signaled | 2 - Direct Train Control | F - Direct Traffic Control H - Manual Block System | E - Broken Rail Monitoring F - Direct Traffic Control | E - Broken Rail Monitoring F - Direct Traffic Control |
|  |  | J - Positive Train Control | H - Manual Block System | H - Manual Block System |
|  |  | L - Special Instructions | J - Positive Train Control | J - Positive Train Control |
|  |  | N - Time Table/Train Orders | L - Special Instructions | L - Special Instructions |
|  |  | P - Track Warrant Control | M - Switch Point Monitoring | M - Switch Point Monitoring |
|  |  | Z - Other – Narrative Required | N -Time Table/Train Orders P -Track Warrant Control | N - Time Table/Train Orders P -Track Warrant Control |
|  |  |  | Z - Other – Narrative Required | Z - Other – Narrative Required |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2 - Non Signaled | 3 - Yard/Restricted Limits | J - Positive Train Control L - Special Instructions  Z - Other – Narrative Required | E - Broken Rail Monitoring J - Positive Train Control  L - Special Instructions | E - Broken Rail Monitoring J - Positive Train Control  L - Special Instructions |
|  | | | M - Switch Point Monitoring | M - Switch Point Monitoring |
| Z - Other – Narrative Required | Z - Other – Narrative Required |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2 - Non Signaled | 4 - Block Register Territory | J - Positive Train Control  Z - Other – Narrative Required | E - Broken Rail Monitoring M - Switch Point Monitoring | E - Broken Rail Monitoring M - Switch Point Monitoring |
|  |  |  | Z - Other – Narrative Required | Z - Other – Narrative Required |

**Type of Territory for Other than Main Track or Siding Track to Include Yard Track and Industry Track**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position 1** | **Position 2**  **Method of Operation/** | **Position 3** | **Position 4** | **Position 5** |
| **Signalization** | **Authority for Movement** | **Supplemental Codes** | **Supplemental Codes** | **Supplemental Codes** |
| 1 - Signaled | 5 - Other Than Main Track | G - Interlocking | G - Interlocking | G - Interlocking |
|  | (Standard Rule 105 or Equivalent) | L- Special Instructions  Z - Other – Narrative Required | L - Special Instructions  Z - Other – Narrative Required | L - Special Instructions  Z - Other – Narrative Required |
| 2 - Not Signaled | 5 - Other Than Main Track | K - Restricted Speed or Equivalent | L - Special Instructions | L- Special Instructions |
|  | (Standard Rule 105 | L - Special Instructions | Z - Other – Narrative Required | Z - Other – Narrative Required |
|  | or Equivalent) | Z - Other – Narrative Required |  |  |

**Type of Territory for Siding Track**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position 1** | **Position 2**  **Method of Operation/** | **Position 3** | **Position 4** | **Position 5** |
| **Signalization** | **Authority for Movement** | **Supplemental Codes** | **Supplemental Codes** | **Supplemental Codes** |
| 1 - Signaled | 1 - Signal Indication | A - Auto Cab Signals | A - Auto Cab Signals | A - Auto Cab Signals |
|  |  | B - Auto Train Control | B - Auto Train Control | B - Auto Train Control |
|  |  | C - Auto Train Stop | C - Auto Train Stop | C - Auto Train Stop |
|  |  | G - Interlocking  J - Positive Train Control | G - Interlocking  J - Positive Train Control | G - Interlocking  J - Positive Train Control |
|  |  | L - Special Instructions | L - Special Instructions | L - Special Instructions |
|  |  | Q - Traffic Control System/CTC | Q - Traffic Control System/CTC | Q - Traffic Control System/CTC |
|  |  | T- Other Than Main Track | T - Other Than Main Track | T - Other Than Main Track |
|  |  | Z - Other - Narrative Required | Z - Other - Narrative Required | Z - Other - Narrative Required |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2 - Non Signaled | 5 - Other Than Main Track | E - Broken Rail Monitoring | E - Broken Rail Monitoring | E - Broken Rail Monitoring |
|  |  | J - Positive Train Control | J - Positive Train Control | J - Positive Train Control |
|  |  | L - Special Instructions | L - Special Instructions | L - Special Instructions |
|  |  | M - Switch Point Monitoring Z - Other - Narrative Required | M - Switch Point Monitoring Z - Other - Narrative Required | M - Switch Point Monitoring Z - Other - Narrative Required |
|  | No other codes allowed |  |  |  |

**APPENDIX K**

**Electronic Submission of Reports to FRA**

The instructions in this Guide are limited to issues associated with recordkeeping and reporting. Railroads may transmit their monthly reports to FRA by alternative means, as an electronic file on optical media or submitted over the Internet. The technical information needed for doing this is not described in this Guide, since it is not necessary for reporting decisions. A separate manual is available, upon request, that contains the specifications for doing this, and is titled “Companion Guide: Guidelines for Submitting Accident/Incident Reports by Alternative Methods.”

To assist railroads in maintaining and submitting records and reports required by this rule, FRA developed the software package Accident/Incident Report Generator (AIRG) for personal computers that have Windows-based operating systems. FRA will provide you with a copy of this software free of charge, upon request by the reporting officer. You can find an AIRG Accident Incident Report Generator Request Form at:

<http://safetydata.fra.dot.gov/OfficeofSafety/publicsite/Forms.aspx>

Railroads submitting electronically can either submit a printed copy of the signed Form FRA F 6180.55, or alternatively send in a scanned copy of the signed form in .pdf or .jpg format. The railroad must maintain the original completed FRA Form F 6180.55 and the electronic notification of receipt of the form, per 49 CFR 225.27.

**APPENDIX L 49 CFR 225**

PART 225-RAILROAD ACCIDENTS/INCIDENTS: REPORTS CLASSIFICATION, AND INVESTIGATIONS

**Authority:** 49 U.S.C. 103, 322(a), 20103, 20107, 20901-02, 21301, 21302, 21311; 28 U.S.C. 2461, note; and 49

CFR 1.49.

**Source:** 39 FR 43224, Dec. 11, 1974, unless otherwise noted.

**Effective Date:** July 1, 2011.

**Published:** May 23, 2011.

**§ 225.1 Purpose.**

The purpose of this part is to provide the Federal Railroad Administration with accurate information concerning the hazards and risks that exist on the Nation's railroads. FRA needs this information to effectively carry out its regulatory responsibilities under 49 U.S.C. chapters 201-213. FRA also uses this information for determining comparative trends of railroad safety and to develop hazard elimination and risk reduction programs that focus on preventing railroad injuries and accidents. Any State may require railroads to submit to it copies of accident/incident and injury/illness reports filed with FRA under this part, for accidents/incidents and injuries/illnesses which occur in that State.

**§ 225.3 Applicability.**

1. Except as provided in paragraphs (b), (c), and (d), this part applies to all railroads except--
   1. A railroad that operates freight trains only on track inside an installation which is not part of the general railroad system of transportation or that owns no track except for track that is inside an installation that is not part of the general railroad system of transportation and used for freight operations.
   2. Rail mass transit operations in an urban area that are not connected with the general railroad system of transportation.
   3. A railroad that exclusively hauls passengers inside an installation that is insular or that owns no track except for track used exclusively for the hauling of passengers inside an installation that is insular. An operation is not considered insular if one or more of the following exists on its line:
      1. A public highway-rail grade crossing that is in use;
      2. An at-grade rail crossing that is in use;
      3. A bridge over a public road or waters used for commercial navigation; or
      4. A common corridor with a railroad, i.e., its operations are within 30 feet of those of any railroad.
2. The Internal Control Plan requirements in § 225.33(a)(3) through (a)(11) do not apply to--
   1. Railroads that operate or own track on the general railroad system of transportation that have 15 or fewer employees covered by the hours of service law (49 U.S.C. 21101-21107) and
   2. Railroads that operate or own track exclusively off the general system.
3. The recordkeeping requirements regarding accountable injuries and illnesses and accountable rail equipment accidents/incidents found in § 225.25(a) through (g) do not apply to--
   1. Railroads that operate or own track on the general railroad system of transportation that have 15 or fewer employees covered by the hours of service law (49 U.S.C. 21101-21107) and
   2. Railroads that operate or own track exclusively off the general system.
4. All requirements in this part to record or report an injury or illness incurred by any classification of person that results from a non-train incident do not apply to railroads that operate or own track exclusively off the general railroad system of transportation, unless the non-train incident involves in- service on-track equipment.

**§ 225.5 Definitions.**

As used in this part—

Accident/incident means:

* 1. Any impact between railroad on-track equipment and a highway user at a highway-rail grade crossing. The term “highway user” includes automobiles, buses, trucks, motorcycles, bicycles, farm vehicles, pedestrians, and all other modes of surface transportation motorized and un-motorized;
  2. Any collision, derailment, fire, explosion, act of God, or other event involving operation of railroad on-track equipment (standing or moving) that results in reportable damages greater than the current reporting threshold to railroad on-track equipment, signals, track, track structures, and roadbed;
  3. Each death, injury, or occupational illness that is a new case and meets the general reporting criteria listed in

§ 225.19(d)(1) through (d)(6) if an event or exposure arising from the operation of a railroad is a discernable cause of the resulting condition or a discernable cause of a significant aggravation to a pre-existing injury or illness. The event or exposure arising from the operation of a railroad need only be one of the discernable causes; it need not be the sole or predominant cause.

Accountable injury or illness means any abnormal condition or disorder of a railroad employee that causes or requires the railroad employee to be examined or treated by a qualified health care professional, regardless of whether or not it meets the general reporting criteria listed in § 225.19(d)(1) through (d)(6), and the railroad employee claims that, or the railroad otherwise has knowledge that, an event or exposure arising from the operation of the railroad is a discernable cause of the abnormal condition or disorder.

Accountable rail equipment accident/incident means

1. Any derailment regardless of whether or not it causes any damage or
2. Any collision, highway-rail grade crossing accident/incident, obstruction accident, other impact, fire or violent rupture, explosion-detonation, act of God, or other accident/incident involving the operation of railroad on- track equipment (standing or moving) that results in damage to the railroad on-track equipment (standing or moving), signals, track, track structures or roadbed and that damage impairs the functioning or safety of the railroad on-track equipment (standing or moving), signals, track, track structures or roadbed.

Covered data means information that must be reported to FRA under this part concerning a railroad employee injury or illness case that is reportable exclusively because a physician or other licensed health care professional--

1. Recommended in writing that--
   1. The employee take one or more days away from work when the employee instead reports to work (or would have reported had he or she been scheduled) and takes no days away from work in connection with the injury or illness,
   2. The employee work restricted duty for one or more days when the employee instead works unrestricted (or would have worked unrestricted had he or she been scheduled) and takes no days of restricted work activity in connection with the injury or illness, or
   3. The employee take over-the-counter medication at a dosage equal to or greater than the minimum prescription strength, whether or not the employee actually takes the medication; or
2. Made a one-time topical application of a prescription-strength medication to the employee's injury.

Day away from work means a day away from work as described in paragraph (1) of this definition or, if paragraph (1) does not apply, a day away from work solely for reporting purposes as described in paragraph (2) of this definition. For purposes of this definition, the count of days includes all calendar days, regardless of whether the employee would normally be scheduled to work on those days (e.g., weekend days, holidays, rest days, and vacation days), and begins on the first calendar day after the railroad employee has been examined by a physician or other licensed health care professional (PLHCP) and diagnosed with a work-related injury or illness. In particular, the term means--

1. Each calendar day that the employee, for reasons associated with his or her condition, does not report to work (or would have been unable to report had he or she been scheduled) if not reporting results from:
   1. A PLHCP's written recommendation not to work, or
   2. A railroad's instructions not to work, if the injury or illness is otherwise reportable; or
2. A minimum of one calendar day if a PLHCP, for reasons associated with the employee's condition, recommends in writing that the employee take one or more days away from work, but the employee instead reports to work (or would have reported had he or she been scheduled). This paragraph is intended to take into

account ``covered data'' cases and also those non-covered data cases that are independently reportable for some other reason (e.g., ``medical treatment'' or ``day of restricted work activity''). The requirement to report ``a minimum of one calendar day'' is intended to give a railroad the discretion to report up to the total number of days recommended by the PLHCP.

Day of restricted work activity means a day of restricted work activity as described in paragraph (1) of this definition or, if paragraph (1) does not apply, a day of restricted work activity solely for reporting purposes as described in paragraph (2) of this definition; in both cases, the work restriction must affect one or more of the employee's routine job functions (i.e., those work activities regularly performed at least once per week) or prevent the employee from working the full workday that he or she would otherwise have worked. For purposes of this definition, the count of days includes all calendar days, regardless of whether the employee would normally be scheduled to work on those days (e.g., weekend days, holidays, rest days, and vacation days), and begins on the first calendar day after the railroad employee has been examined by a physician or other licensed health care professional (PLHCP) and diagnosed with a work-related injury or illness. In particular, the term means--

1. Each calendar day that the employee, for reasons associated with his or her condition, works restricted duty (or would have worked restricted duty had he or she been scheduled) if the restriction results from:
   1. A PLHCP's written recommendation to work restricted duty, or
   2. A railroad's instructions to work restricted duty, if the injury or illness is otherwise reportable; or
2. A minimum of one calendar day if a PLHCP, for reasons associated with the employee's condition, recommends in writing that the employee work restricted duty for one or more days, but the employee instead works unrestricted (or would have worked unrestricted had he or she been scheduled). This paragraph is intended to take into account ``covered data'' cases and also those non-covered data cases that are independently reportable for some other reason (e.g., “medical treatment” or “day of restricted work activity”). The requirement to report “a minimum of one calendar day'' is intended to give a railroad the discretion to report up to the total number of days recommended by the PLHCP.

Discernable cause means a causal factor capable of being recognized by the senses or the understanding. An event or exposure arising from the operation of a railroad is a discernable cause of (i.e., discernably caused) an injury or illness if, considering the circumstances, it is more likely than not that the event or exposure is a cause of the injury or illness. The event or exposure arising from the operation of a railroad need not be a sole, predominant or significant cause of the injury or illness, so long as it is a cause (i.e., a contributing factor).

Employee human factor includes any of the accident causes signified by the train accident cause codes listed under ``Train Operation--Human Factors'' in the current ``FRA Guide for Preparing Accidents/Incidents Reports,'' except for those train accident cause codes pertaining to non-railroad workers. For purposes of this definition

``employee'' includes the classifications of Worker on Duty--Employee, Employee not on Duty, Worker on Duty-- Contractor, and Worker on Duty--Volunteer.

Establishment means a single physical location where workers report to work, where railroad business is conducted, or where services or operations are performed. Examples are: a division office, general office, repair or maintenance facility, major switching yard or terminal. For employees who are engaged in dispersed operations, such as signal or track maintenance workers, an ``establishment'' is typically a location where work assignments are initially made and oversight responsibility exists, e.g., the establishment where the signal supervisor or roadmaster is located.

Event or exposure includes an incident, activity, or occurrence. Event or exposure arising from the operation of a railroad means—

1. With respect to a person who is not an employee of the railroad:
   1. A person who is on property owned, leased, maintained or operated by the railroad, an event or exposure that is related to the performance of the railroad’s rail transportation business; or
   2. A person who is not on property owned, leased, maintained or operated over by the railroad, an event or exposure directly resulting from one or more of the following railroad operations:
      1. A train accident or a train incident involving the railroad; or
      2. A release of a hazardous material from a railcar in the possession of the railroad or of another dangerous commodity that is related to the performance of the railroad’s rail transportation business.
2. With respect to a person who is an employee of the railroad, an event or exposure that is work-related.

FRA representative means the Associate Administrator for Safety, FRA; the Associate Administrator's delegate (including a qualified State inspector acting under part 212 of this chapter); the Chief Counsel, FRA; or the Chief Counsel's delegate.

General reporting criteria means the criteria listed in § 225.19(d)(1) through (6). Highway-rail grade crossing means:

1. A location where a public highway, road, or street, or a private roadway, including associated sidewalks,

crosses one or more railroad tracks at grade; or

1. A location where a pathway explicitly authorized by a public authority or a railroad carrier that is dedicated for the use of non-vehicular traffic, including pedestrians, bicyclists, and others, that is not associated with a public highway, road, or street, or a private roadway, crosses one or more railroad tracks at grade. The term “sidewalk” means that portion of a street between the curb line, or the lateral line of a roadway, and the adjacent property line or, on easements of private property, that portion of a street that is paved or improved and intended for use by pedestrians.

Injury or illness means an abnormal condition or disorder. Injuries include cases such as, but not limited to, a cut, fracture, sprain, or amputation. Illnesses include both acute and chronic illnesses, such as but not limited to, a skin disease, respiratory disorder, or poisoning. A musculoskeletal disorder is also an injury or illness. Pain is an injury or illness when it is sufficiently severe to meet the general reporting criteria listed in § 225.19(d)(1) through (6).

Joint operations means rail operations conducted on a track used jointly or in common by two or more railroads subject to this part or operation of a train, locomotive, car, or other on-track equipment by one railroad over the track of another railroad.

Medical removal means medical removal under the medical surveillance requirements of the Occupational Safety and Health Administration standard in 29 CFR part 1910 in effect during calendar year 2002, even if the case does not meet one of the general reporting criteria.

Medical treatment means any medical care or treatment beyond “first aid” regardless of who provides such treatment. Medical treatment does not include diagnostic procedures, such as X-rays and drawing blood samples. Medical treatment also does not include counseling.

Musculoskeletal disorder (MSD) means a disorder of the muscles, nerves, tendons, ligaments, joints, cartilage, and spinal discs. The term does not include disorders caused by slips, trips, falls, motor vehicle accidents, or other similar accidents. Examples of MSDs include: Carpal tunnel syndrome, Rotator cuff syndrome, De Quervain's disease, Trigger finger, Tarsal tunnel syndrome, Sciatica, Epicondylitis, Tendinitis, Raynaud's phenomenon, Carpet layers knee, Herniated spinal disc, and Low back pain.

Needlestick or sharps injury means a cut, laceration, puncture, or scratch from a needle or other sharp object that involves contamination with another person's blood or other potentially infectious material, even if the case does not meet one of the general reporting criteria.

New case means a case in which either the injured or ill person has not previously experienced a reported injury or illness of the same type that affects the same part of the body, or the injured or ill person previously experienced a reported injury or illness of the same type that affected the same part of the body but had recovered completely (all signs and/or symptoms disappeared) from the previous injury or illness, and an event or exposure arising from the operation of a railroad discernably caused the signs and/or symptoms to reappear.

Non-train incident means an event that results in a reportable casualty, but does not involve the movement of on- track equipment nor cause reportable damage above the threshold established for train accidents.

Occupational hearing loss means a diagnosis of occupational hearing loss by a physician or other licensed health care professional, where the employee's audiogram reveals a work-related Standard Threshold Shift (STS) (i.e., at least a 10-decibel change in hearing threshold, relative to the baseline audiogram for that employee) in hearing in one or both ears, and the employee's total hearing level is 25 decibels or more above audiometric zero (averaged at 2000, 3000, and 4000 Hz) in the same ear(s) as the STS.

Occupational illness means any abnormal condition or disorder, as diagnosed by a physician or other licensed health care professional, of any person who falls under the definition for the classification of Worker on Duty-- Employee, other than one resulting from injury, discernably caused by an environmental factor associated with the person's railroad employment, including, but not limited to, acute or chronic illnesses or diseases that may be caused by inhalation, absorption, ingestion, or direct contact.

Occupational tuberculosis means the occupational exposure of an employee to anyone with a known case of active tuberculosis if the employee subsequently develops a tuberculosis infection, as evidenced by a positive skin test or diagnosis by a physician or other licensed health care professional, even if the case does not meet one of the general reporting criteria.

Privacy concern case is any occupational injury or illness in the following list:

1. Any injury or illness to an intimate body part or the reproductive system;
2. An injury or illness resulting from a sexual assault;
3. Mental illnesses;
4. HIV infection, hepatitis, or tuberculosis;
5. Needlestick and sharps injuries; and
6. Other injuries or illnesses, if the employee independently and voluntarily requests in writing to the railroad reporting officer that his or her injury or illness not be posted.

Person includes all categories of entities covered under 1 U.S.C. 1, including, but not limited to, a railroad; any manager, supervisor, official, or other employee or agent of a railroad; any owner, manufacturer, lessor, or lessee of railroad equipment, track, or facilities; any passenger; any trespasser or nontrespasser; any independent contractor providing goods or services to a railroad; any volunteer providing goods or services to a railroad; and any employee of such owner, manufacturer, lessor, lessee, or independent contractor.

Qualified health care professional is a health care professional operating within the scope of his or her license, registration, or certification. In addition to licensed physicians, the term includes members of other occupations associated with patient care and treatment such as chiropractors, podiatrists, physicians assistants, psychologists, and dentists.

Railroad means a railroad carrier.

Railroad carrier means a person providing railroad transportation.

Railroad transportation means any form of non-highway ground transportation that run on rails or electro- magnetic guideways, including commuter or other short-haul railroad passenger service in a metropolitan or suburban area, as well as any commuter railroad service that was operated by the Consolidated Rail Corporation as of January 1, 1979, and high speed ground transportation systems that connect metropolitan areas, without regard to whether they use new technologies not associated with traditional railroads. Such term does not include rapid transit operations within an urban area that are not connected to the general railroad system of transportation.

Significant aggravation of a pre-existing injury or illness means aggravation of a pre-existing injury or illness that is discernably caused by an event or exposure arising from the operation of a railroad that results in:

* 1. With respect to any person:
     1. Death, provided that the pre-existing injury or illness would likely not have resulted in death but for the event or exposure;
     2. Loss of consciousness, provided that the pre-existing injury or illness would likely not have resulted in loss of consciousness but for the event or exposure; or
     3. Medical treatment in a case where no medical treatment was needed for the injury or illness before the event or exposure, or a change in the course of medical treatment that was being provided before the event or exposure.
  2. With respect to a railroad employee, one or more days away from work, or days of restricted work, or days of job transfer that otherwise would not have occurred but for the event or exposure.

Significant change in the damage costs for reportable rail equipment accidents/incidents means at least a ten- percent variance between the damage amount reported to FRA and current cost figures.

Significant change in the number of reportable days away from work or days restricted means at least a ten- percent variance in the number of actual reportable days away from work or days restricted compared to the number of days already reported.

Significant illness means an illness involving cancer or a chronic irreversible disease such as byssinosis or silicosis, if the disease does not result in death, a day away from work, restricted work, job transfer, medical treatment, or loss of consciousness.

Significant injury means an injury involving a fractured or cracked bone or a punctured eardrum, if the injury does not result in death, a day away from work, restricted work, job transfer, medical treatment, or loss of consciousness.

Suicide data means data regarding the death of an individual due to the individual’s commission of suicide as determined by a coroner, public police officer or other public authority or injury to an individual due to that individual’s attempted commission of suicide as determined by a public police office or other public authority. Only the death of, or injury to, the individual who committed the suicidal act is suicide data. Therefore, casualties to a person caused by the suicidal act of another person are not considered suicide data.

Train accident means any collision, derailment, fire, explosion, act of God, or other event involving operation of railroad on-track equipment (standing or moving) that results in damages greater than the current reporting threshold to railroad on-track equipment, signals, track, track structures, and roadbed.

Train incident means any event involving the movement of on-track equipment that results in a reportable casualty but does not cause reportable damage above the current threshold established for train accidents.

Work environment means the establishment and other locations where one or more railroad employees are working or present as a condition of their employment. The work environment includes not only physical locations, but also the equipment or materials processed or used by an employee during the course of his or her work, and activities of a railroad employee associated with his or her work, whether on or off the railroad’s property.

Work related means related to an event or exposure occurring within the work environment. An injury or illness is presumed work-related if an event or exposure occurring in the work environment is a discernable cause of the resulting condition or a discernable cause of a significant aggravation to a pre-existing injury or illness. The causal event or exposure need not be peculiarly occupational so long as it occurs at work. For example, a causal event or exposure may be outside the employer’s control, such as a lightning strike; involve activities that occur at work but are not directly productive, such as horseplay; or involve activities that are not peculiar to work, such as walking on a level floor, bending down, climbing stairs or sneezing. Such activities, along with other normal body movements, are considered events. So long as the event or exposure occurred at work and is a discernable cause of the injury or illness, the injury or illness is work-related. It does not matter whether there are other or bigger causes as well, or

that the activity at work is no different from actions performed outside work. If an injury is within the presumption of work-relatedness, the employer can rebut work-relatedness only by showing that the case falls within an exception listed in § 225.15. In cases where it is not obvious whether a precipitating event or exposure occurred at work or outside work, the employer must evaluate the employee’s work duties and environment and decide whether it is more likely than not that an event or exposure at work was at least one of the causes of the injury of the injury or illness.

**§ 225.6 Consolidated reporting.**

A parent corporation may request in writing that FRA treat its commonly controlled railroad carriers, which operate as a single, seamless, integrated United States rail system, as a single railroad carrier for purposes of this part.

1. The written request must include the following:
   1. A list of the subsidiary railroads controlled by the parent corporation; and
   2. An explanation as to how the subsidiary railroads operate as a single, seamless, integrated United States railroad system.
2. The request must be sent to the FRA Docket Clerk, Federal Railroad Administration, U.S. Department of Transportation, RCC-10, Mail Stop 10, West Building 3rd Floor, Room W31-109, 1200 New Jersey Avenue, SE., Washington, DC 20590. Each request received shall be acknowledged in writing. The acknowledgment shall contain the docket number assigned to the request and state the date the request was received.
3. FRA will notify the applicant parent corporation of the agency’s decision within 90 days of receipt of the application.
4. If FRA approves the request, the parent corporation must enter into a written agreement with FRA specifying which subsidiaries are included in its railroad system, agreeing to assume responsibility for compliance with this part for all named subsidiaries making up the system, and consenting to guarantee any monetary penalty assessments or other liabilities owed to the United States government that are incurred by the named subsidiaries for violating Federal accident/incident reporting requirements. Any change in the subsidiaries making up the railroad system requires immediate notification to FRA and execution of an amended agreement. Executed agreements will be published in the docket.

**§ 225.7 Public examination and use of reports.**

1. Accident/Incident reports made by railroads in compliance with these rules shall be available to the public in the manner prescribed by part 7 of this title. Accident/Incident reports may be inspected at the U.S. Department of Transportation, Federal Railroad Administration, Office of Safety, West Building 3rd Floor, 1200 New Jersey Avenue, SE., Washington, DC 20590. Written requests for a copy of a report should be addressed to the Freedom of Information Act Coordinator, Office of Chief Counsel, Federal Railroad Administration, U.S. Department of Transportation, RCC-10, Mail Stop 10, West Building 3rd Floor, Room W33-437, 1200 New Jersey Avenue, SE., Washington, DC 20590, and be accompanied by the appropriate fee prescribed in part 7 of this title. To facilitate expedited handling, each request should be clearly marked "FOIA Request for Accident/Incident Report." For additional information on submitting a FOIA request to FRA see FRA’s website at [http://www.fra.dot.gov/us/foia.](http://www.fra.dot.gov/us/foia)
2. 49 U.S.C. 20903 provides that monthly reports filed by railroads under § 225.11 may not be admitted as evidence or used for any purpose in any action for damages growing out of any matters mentioned in these monthly reports. The Employee Human Factor Attachment, Notice, and Employee Supplement under § 225.12 are part of the reporting railroad's accident report to FRA pursuant to the 49 U.S.C. 20901 and, as such, shall not ``be admitted as evidence or used for any purpose in any suit or action for damages growing out of any matter mentioned in said report \* \* \*.'' 49 U.S.C. 20903.

**§ 225.9 Telephonic reports of certain accidents/incidents and other events.**

1. Types of accidents/incidents and other events to be reported--
   1. Certain deaths or injuries. Each railroad must report immediately, as prescribed in paragraphs (b) through (d) of this section, whenever it learns of the occurrence of an accident/incident arising from the operation of the railroad, or an event or exposure that may have arisen from the operation of the railroad, that results in the--
      1. Death of a rail passenger or a railroad employee;
      2. Death of an employee of a contractor to a railroad performing work for the railroad on property owned, leased, or maintained by the contracting railroad; or
      3. Death or injury of five or more persons.
   2. Certain train accidents or train incidents. Each railroad must report immediately, as prescribed in paragraphs (b) through (d) of this section, whenever it learns of the occurrence of any of the following events that arose from the operation of the railroad:
      1. A train accident that results in serious injury to two or more train crewmembers or passengers requiring their admission to a hospital;
      2. A train accident resulting in evacuation of a passenger train;
      3. A fatality resulting from a train accident or train incident at a highway-rail grade crossing when death occurs within 24 hours of the accident/incident;
      4. A train accident resulting in damage (based on a preliminary gross estimate) of $150,000 or more to railroad and nonrailroad property; or
      5. A train accident resulting in damage of $25,000 or more to a passenger train, including railroad and nonrailroad property.
   3. Train accidents on or fouling passenger service main lines. The dispatching railroad must report immediately, as prescribed in paragraphs (b) through (d) of this section, whenever it learns of the occurrence of any train accident reportable as a rail equipment accident/incident under § § 225.11 and 225.19(c)—
      1. That involves a collision or derailment on a main line that is used for scheduled passenger service; or
      2. That fouls a main line used for scheduled passenger service.
2. Method of reporting.
   1. Telephonic reports required by this section shall be made by toll-free telephone to the National Response Center, Area Code 800-424-8802 or 800-424-0201.
   2. Through one of the same telephone numbers (800-424-0201), the National Response Center (NRC) also receives notifications of rail accidents for the National Transportation Safety Board (49 CFR part 840) and the Research and Special Programs Administration of the U.S. Department of Transportation (Hazardous Materials Regulations, 49 CFR 171.15). FRA Locomotive Safety Standards require certain locomotive accidents to be reported by telephone to the NRC at the same toll-free number (800-424-0201). 49 CFR 229.17.
3. Contents of report. Each report must state the:
   1. Name of the railroad;
   2. Name, title, and telephone number of the individual making the report;
   3. Time, date, and location of the accident/incident;
   4. Circumstances of the accident/incident;
   5. Number of persons killed or injured; and
   6. Available estimates of railroad and non-railroad property damage.
4. Timing of report.
   1. To the extent that the necessity to report an accident/incident depends upon a determination of fact or an estimate of property damage, a report will be considered immediate if made as soon as possible following the time that the determination or estimate is made, or could reasonably have been made, whichever comes

first, taking into consideration the health and safety of those affected by the accident/incident, including actions to protect the environment.

* 1. NTSB has other specific requirements regarding the timeliness of reporting. See 49 CFR part 840.

**§ 225.11 Reporting of accidents/incidents.**

1. Each railroad subject to this part shall submit to FRA a monthly report of all railroad accidents/incidents described below:
   1. Highway-rail grade crossing accidents/incidents described in § 225.19;
   2. Rail equipment accidents/incidents described in § 225.19; and
   3. Death, injury and occupational illness accidents/incidents described in § 225.19.
2. The report shall be made on the forms prescribed in § 225.21 in hard copy or, alternatively, by means of optical media or electronic submission via the Internet, as prescribed in § 225.37, and shall be submitted within 30 days after expiration of the month during which the accidents/incidents occurred. Reports shall be completed as required by the current FRA Guide. A copy of the FRA Guide may be obtained from the U.S. Department of Transportation, Federal Railroad Administration, Office of Safety Analysis, RRS-22, Mail Stop 25 West Building 3rd Floor, Room W33-107, 1200 New Jersey Avenue, SE., Washington, DC 20590 or downloaded from FRA’s Office of Safety Analysis website at [http://safetydata.fra.dot.gov/officeofsafety/,](http://safetydata.fra.dot.gov/officeofsafety/) and click on “Click Here for Changes in Railroad Accident/Incident Recordkeeping and Reporting.”

**§ 225.12 Rail Equipment Accident/Incident Reports alleging employee human factor as cause; Employee Human Factor Attachment; notice to employee; employee supplement.**

1. Rail Equipment Accident/Incident Report alleging employee human factor as cause; completion of Employee Human Factor Attachment. If, in reporting a rail equipment accident/incident to FRA, a railroad cites an employee human factor as the primary cause or a contributing cause of the accident; then the railroad that cited such employee human factor must complete, in accordance with instructions on the form and in the current ``FRA Guide for Preparing Accident/Incident Reports,'' an Employee Human Factor Attachment form on the accident. For purposes of this section, ``employee'' is defined as a Worker on Duty--Employee, Employee not on Duty, Worker on Duty--Contractor, or Worker on Duty--Volunteer.
2. Notice to identified implicated employees. Except as provided in paragraphs (e) and (f) of this section, for each employee whose act, omission, or physical condition was alleged by the railroad as the employee human factor that was the primary cause or a contributing cause of a rail equipment accident/incident and whose name was listed in the Employee Human Factor Attachment for the accident and for each such railroad employee of whose identity the railroad has actual knowledge, the alleging railroad shall--
   1. Complete part I, ``Notice to Railroad Employee Involved in Rail Equipment Accident/Incident Attributed to Employee Human Factor,'' of Form FRA F 6180.78 with information regarding the accident, in accordance with instructions on the form and in the current ``FRA Guide for Preparing Accident/Incident Reports''; and
   2. Hand deliver or send by first class mail (postage prepaid) to that employee, within 45 days after the end of the month in which the rail equipment accident/incident occurred--
      1. A copy of Form FRA F 6180.78, ``Notice to Railroad Employee Involved in Rail Equipment Accident/Incident Attributed to Employee Human Factor; Employee Statement Supplementing Railroad Accident Report,'' with part I completed as to the applicable employee and accident;
      2. A copy of the railroad's Rail Equipment Accident/Incident Report and Employee Human Factor Attachment on the rail equipment accident/incident involved; and
      3. If the accident was also reportable as a highway-rail grade crossing accident/incident, a copy of the railroad's Highway-Rail Grade Crossing Accident/Incident Report on that accident.
3. Joint operations. If a reporting railroad makes allegations under paragraph (a) of this section concerning the employee of another railroad, the employing railroad must promptly provide the name, job title, address, and medical status of any employee reasonably identified by the alleging railroad, if requested by the alleging railroad.
4. Late identification. Except as provided in paragraphs (e) and (f) of this section, if a railroad is initially unable to identify a particular railroad employee whose act, omission, or physical condition was cited by the railroad as a primary or contributing cause of the accident, but subsequently makes such identification, the railroad shall submit a revised Employee Human Factor Attachment to FRA immediately, and shall submit the Notice described in paragraph (b) of this section to that employee within 15 days of when the revised report is to be submitted.
5. Deferred notification on medical grounds. The reporting railroad has reasonable discretion to defer notification of implicated employees on medical grounds.
6. Implicated employees who have died by the time that the Notice is ready to be sent.
   1. If an implicated employee has died as a result of the accident, a Notice under paragraph (b) addressed to that employee must not be sent to any person.
   2. If an implicated employee has died of whatever causes by the time that the Notice is ready to be sent, no Notice addressed to that employee is required.
7. Employee Statement Supplementing Railroad Accident Report (Supplements or Employee Supplements).
   1. Employee Statements Supplementing Railroad Accident Reports are voluntary, not mandatory; nonsubmission of a Supplement does not imply that the employee admits or endorses the railroad's conclusions as to cause or any other allegations.
   2. Although a Supplement is completely optional and not required, if an employee wishes to submit a Supplement and assure that, after receipt, it will be properly placed by FRA in a file with the railroad's Rail Equipment Accident/Incident Report and that it will be required to be reviewed by the railroad that issued the Notice, the Supplement must be made on part II of Form FRA F 6180.78 (entitled ``Notice to Railroad Employee Involved in Rail Equipment Accident/Incident Attributed to Employee Human Factor; Employee Statement Supplementing Railroad Accident Report''), following the instructions printed on the form. These instructions require that, within 35 days of the date that the Notice was hand delivered or sent by first class mail (postage prepaid) to the employee (except for good cause shown), the original of the Supplement be filed with FRA and a copy be hand delivered or sent by first class mail (postage prepaid) to the railroad that issued the Notice so that the railroad will have an opportunity to reassess its reports to FRA concerning the accident.
   3. Information that the employee wishes to withhold from the railroad must not be included in this Supplement. If an employee wishes to provide confidential information to FRA, the employee should not use the Supplement form (part II of Form FRA F 6180.78, “Notice to Railroad Employee Involved in Rail Equipment Accident/Incident Attributed to Employee Human Factor; Employee Statement Supplementing Railroad Accident Report”), but rather provide such confidential information by other means, such as a letter to the employee's collective bargaining representative, or to the U.S. Department of Transportation, Federal Railroad Administration, Office of Safety Analysis, RRS-22, Mail Stop 25 West Building 3rd Floor, Room W 33-306, 1200 New Jersey Avenue, SE., Washington, DC 20590. The letter should include the name of the railroad making the allegations, the date and place of the accident, and the rail equipment accident/incident number.
8. Willful false statements; penalties. If an employee chooses to submit a Supplement to FRA, all of the employee's assertions in the Supplement must be true and correct to the best of the employee's knowledge and belief.
   1. Under 49 U.S.C. 21301, 21302, and 21304, any person who willfully files a false Supplement with FRA is subject to a civil penalty. See appendix A to this part.
   2. Any person who knowingly and willfully files a false Supplement is subject to a $5,000 fine, or up to two years'' imprisonment, or both, under 49 U.S.C. 21311.

**§ 225.13 Late reports.**

Whenever a railroad discovers that a report of an accident/incident, through mistake or otherwise, has been improperly omitted from or improperly reported on its regular monthly accident/incident report, a report covering

this accident/incident together with a letter of explanation must be submitted immediately. Whenever a railroad receives a partially or fully completed Employee Statement Supplementing Railroad Accident Report (part II of Form FRA F 6180.78), in response to a Notice to Railroad Employee (part I of Form FRA F 6180.78) issued by the railroad and mailed or hand delivered to the employee, the railroad must promptly review that Supplement; based on that review, reassess the accuracy and validity of the railroad's Rail Equipment Accident/Incident Report and of any other reports and records required by this part concerning the same accident, including the Employee Human Factor Attachment; make all justified revisions to each of those reports and records; submit any amended reports to FRA; and submit a copy of any amended Rail Equipment Accident/Incident Report, Employee Human Factor Attachment, and Highway-Rail Grade Crossing Accident/Incident Report on the accident to the employee. A second notice under § 225.12 is not required for the employee. If an employee who was never sent a notice under §

225.12 for that accident is implicated in the revised Employee Human Factor Attachment, the railroad must follow the procedures of § 225.12(d).

**§ 225.15 Accidents/incidents not to be reported.**

The following accidents/incidents are not reportable:

1. With respect to persons other than railroad employees. A railroad need not report injuries that occur at

highway-rail grade crossings that do not involve the presence or operation of on-track equipment, or the presence of railroad employees then engaged in the operation of a railroad;

1. With respect to railroad employees on duty. A railroad is not to report the following injuries to or illnesses of a railroad employee as Worker on Duty – Employee (Class A), if any of the conditions in this paragraph (b) are met. (These exceptions apply only to Worker on Duty – Employee (Class A) and do not affect a railroad’s obligation to report these injuries and illnesses as other types of persons (Employee Not On duty (Class B); Passenger on Trains (Class C); Nontrespassers-On Railroad Property (Class D); Trespassers (Class E)), or a railroad’s obligation to maintain a “Railroad Employee Injury/Illness Record” (Form FRA F 6180.98 or alternative railroad-designed form)).
   1. The injury or illness occurred in or about living quarters and an event or exposure not arising from the operation of a railroad was the cause;
   2. At the time of the injury or illness, the employee was present in the work environment as a member of the general public rather than as an employee; or
   3. The injury or illness is caused by a motor vehicle accident and occurs on a company parking lot or company access road while the employee is commuting to or from work.
2. With respect to railroad employees on or off duty. A railroad is not to report the following injuries to or illnesses of a railroad employee, Worker on Duty – Employee (Class A) or Employee Not On duty (Class B), if any of the following conditions in this paragraph (c) are met:
   1. The injury or illness involves signs or symptoms that surface at work but result solely from a non-work- related event or exposure that occurs outside the work environment;
   2. The injury or illness results solely from voluntary participation in a wellness program or in a medical, fitness, or recreational activity such as blood donation, physical examination, flu shot, exercise class, racquetball, or baseball;
   3. The injury or illness is solely the result of an employee eating, drinking, or preparing food or drink for personal consumption. However, if the employee is made ill by ingesting food contaminated by workplace contaminants (such as lead), or gets food poisoning from food supplied by the employer, the case would be considered work-related and reported as either a Worker on Duty – Employee (Class A) or Employee Not On duty (Class B) depending on the employees duty status;
   4. The injury or illness is solely the result of an employee doing personal tasks (unrelated to their employment) at the establishment outside of the employee's assigned working hours;
   5. The injury or illness is solely the result of personal grooming, self medication for a non-work-related condition, or is intentionally self-inflicted (except that for FRA reporting purposes a railroad shall not exclude an accountable or reportable injury or illness that is the result of a suicide or attempted suicide);
   6. The illness is the common cold or flu (Note: contagious diseases such as tuberculosis, brucellosis, hepatitis A, or plague are considered work-related if the employee is infected at work); or
   7. The illness is a mental illness. Mental illness will not be considered work-related unless the employee voluntarily provides the employer with an opinion from a physician or other licensed health care professional with appropriate training and experience (psychiatrist, psychologist, psychiatric nurse practitioner, etc.) stating that the employee has a mental illness that is work-related.
3. With respect to contractors and volunteers. A railroad is not to report injuries to contractors and volunteers that are listed in paragraphs (b) and (c) of this section. For purposes of this paragraph only, an exception listed in paragraphs (b) and (c) referencing “work environment” is construed to mean for contractors and volunteers only, on property owned, leased, operated over or maintained by the railroad.
4. With respect to rail equipment accident/incidents. A railroad is not to report rail equipment accidents/incidents if the conditions in this paragraph are met. (This exception does not affect a railroad’s obligation to maintain records of accidents/incidents as required by § 225.25 (Form FRA F 6180.97, “Initial Rail Equipment Accident/Incident Record”)).
   1. Cars derailed on industry tracks by non-railroad employees or non-railroad employee vandalism, providing there is no involvement of railroad employees; and
   2. Damage to out of service cars resulting from high water or flooding (e.g., empties placed on a storage or repair track). This exception does not apply if such cars are placed into a moving consist and as a result of this damage a reportable rail equipment accident results.

**§ 225.17 Doubtful cases.**

1. The reporting officer of a railroad will ordinarily determine the reportability or nonreportability of an accident/incident after examining all evidence available. The FRA, however, cannot delegate authority to decide matters of judgment when facts are in dispute. In all such cases the decision shall be that of the FRA.
2. Even though there may be no witness to an accident/incident, if there is evidence indicating that a reportable accident/incident may have occurred, a report of that accident/incident must be made.
3. All accidents/incidents reported as “claimed but not admitted by the railroad” are given special examination by the FRA, and further inquiry may be ordered. Accidents/incidents accepted as reportable are tabulated and included in the various statistical statements issued by the FRA. The denial of any knowledge or refusal to admit responsibility by the railroad does not exclude those accidents/incidents from monthly and annual figures. Facts stated by a railroad that tend to refute the claim of an injured person are given consideration, and when the facts seem sufficient to support the railroad's position, the case is not allocated to the reporting railroad.

(d)[Redesignate as § 225.18(a)]

**§ 225.18 Alcohol or drug involvement.**

1. In preparing a Rail Equipment Accident/Incident Report under this part, the railroad shall make such specific inquiry as may be reasonable under the circumstances into the possible involvement of alcohol or drug use or impairment in such accident or incident. If the railroad comes into possession of any information whatsoever, whether or not confirmed, concerning alleged alcohol or drug use or impairment by an employee who was involved in, or arguably could be said to have been involved in, the accident/incident, the railroad shall report such alleged use or impairment as provided in the current FRA Guide. If the railroad is in possession of such information but does not believe that alcohol or drug impairment was the primary or contributing cause of the accident/incident,

then the railroad shall include in the narrative statement of such report a brief explanation of the basis of such determination.

1. For any train accident within the requirement for post-accident testing under § 219.201 of this chapter, the railroad shall append to the Rail Equipment Accident/Incident Report any report required by 49 CFR § 219.209(b) (pertaining to failure to obtain samples for post-accident toxicological testing).
2. For any train or non-train incident, the railroad shall provide any available information concerning the possible involvement of alcohol or drug use or impairment in such accident or incident.
3. In providing information required by this paragraph, a railroad shall not disclose any information concerning use of controlled substances determined by the railroad's Medical Review Officer to have been consistent with 49 CFR 219.103.

**§ 225.19 Primary groups of accidents/incidents.**

1. For reporting purposes reportable railroad accidents/incidents are divided into three groups: Group I--Highway-Rail Grade Crossing;

Group II--Rail Equipment;

Group III--Death, Injury and Occupational Illness.

1. Group I--Highway-rail grade crossing. Each highway-rail grade crossing accident/incident must be reported to the FRA on Form FRA F 6180.57, regardless of the extent of damages or whether a casualty occurred. In addition, whenever a highway-rail grade crossing accident/incident results in damages greater than the current reporting threshold to railroad on-track equipment, signals, track, track structures, or roadbed, that accident/incident shall be reported to the FRA on Form FRA F 6180.54. For reporting purposes, damages include labor costs and all other costs to repair or replace in kind damaged on-track equipment, signals, track, track structures, or roadbed, but do not include the cost of clearing a wreck.
2. Group II--Rail equipment. Rail equipment accidents/incidents are collisions, derailments, fires, explosions, acts of God, and other events involving the operation of on-track equipment (standing or moving) that result in damages higher than the current reporting threshold (i.e., $6,700 for calendar years 2002 through 2005, $7,700 for calendar year 2006, $8,200 for calendar year 2007, $8,500 for calendar year 2008, $8,900 for calendar year 2009, $9,200 for calendar year 2010 and $9,400 for calendar year 2011) to railroad on-track equipment, signals, tracks, track structures, or roadbed, including labor costs and the costs for acquiring new equipment and material. Each rail equipment accident/incident must be reported to the FRA on Form FRA F 6180.54. If the property of more than one railroad is involved in an accident/incident, the reporting threshold is calculated by including the damages suffered by all of the railroads involved. See § 225.23, Joint Operations. The reporting threshold will be reviewed periodically, and, if necessary, will be adjusted every year.
3. Group III--Death, injury, or occupational illness. Each death, injury, or occupational illness that is a new case and meets the general reporting criteria listed in paragraphs (d)(1) through (6) of this section shall be reported to FRA on Form FRA F 6180.55a, “Railroad Injury and Illness Summary (Continuation Sheet)” if an event or exposure arising from the operation of a railroad is a discernable cause of the resulting condition or a discernable cause of a significant aggravation to a pre-existing injury or illness. The event or exposure arising from the operation of a railroad need only be one of the discernable causes; it need not be the sole or predominant cause. The general injury/illness reporting criteria are as follows:
   1. Death to any person;
   2. Injury to any person that results in:
      1. Medical treatment;
      2. Significant injury diagnosed by a physician or other licensed health care professional even if it does not result in death, medical treatment or loss of consciousness of any person; or
      3. Loss of consciousness;
   3. Injury to a railroad employee that results in:
      1. A day away from work;
      2. Restricted work activity or job transfer; or
      3. Significant injury diagnosed by a physician or other licensed health care professional even if it does not result in death, medical treatment, loss of consciousness, a day away from work, restricted work activity or job transfer of a railroad employee;
   4. Occupational illness of a railroad employee that results in:
      1. A day away from work;
      2. Restricted work activity or job transfer;
      3. Loss of consciousness; or
      4. Medical treatment;
   5. Significant illness of a railroad employee diagnosed by a physician or other

licensed health care professional even if it does not result in death, a day away from work, restricted work activity or job transfer, medical treatment, or loss of consciousness;

* 1. Illness or injury that:
     1. Meets the application of any of the following specific case criteria:

1. Needlestick or sharps injury to a railroad employee;
2. Medical removal of a railroad employee;
3. Occupational hearing loss of a railroad employee;
4. Occupational tuberculosis of a railroad employee;
5. Musculoskeletal disorder of a railroad employee if this disorder is reportable under one or more of the general reporting criteria; or
   * 1. Is a covered data case.
6. The reporting threshold is $6,700 for calendar years 2002 through 2005, $7,700 for calendar year 2006, $8,200 for calendar year 2007, $8,500 for calendar year 2008, $8,900 for calendar year 2009, $9,200 for calendar year 2010 and $9,400 for calendar year 2011. The procedure for determining the reporting threshold for calendar years 2006 and beyond appears as paragraphs 1-8 of appendix B to part 225.

**§ 225.21 Forms.**

The following forms and copies of the FRA Guide for Preparing Accident/Incident Reports may be obtained from the U.S. Department of Transportation, Federal Railroad Administration, Office of Safety Analysis, RRS-22, Mail Stop 25, West Building 3rd Floor, Room W33-107 1200 New Jersey Avenue, SE., Washington, DC 20590 or downloaded from FRA’s Office of Safety Analysis website at [http://safetydata.fra.dot.gov/officeofsafety/,](http://safetydata.fra.dot.gov/officeofsafety/) and click on “Click here for Changes in Railroad Accident/Incident Recordkeeping and Reporting.”

1. Form FRA F 6180.54--Rail Equipment Accident/Incident Report. Form FRA F 6180.54 shall be used to report each reportable rail equipment accident/incident which occurred during the preceding month.
2. Form FRA F 6180.55--Railroad Injury and Illness Summary. Form FRA F 6180.55 must be filed each month, even though no reportable accident/incident occurred during the month covered. Each report must include an oath or verification, made by the proper officer of the reporting railroad, as provided for attestation on the form. If no reportable accident/incident occurred during the month, that fact must be stated on this form. All railroads subject

to this part, shall show on this form the total number of freight train miles, passenger train miles, yard switching train miles, and other train miles run during the month.

1. Form FRA 6180.55a--Railroad Injury and Illness (Continuation Sheet). Form FRA 6180.55a shall be used to report all reportable fatalities, injuries and occupational illnesses that occurred during the preceding month.
2. Form FRA 6180.56--Annual Railroad Report of Employee Hours and Casualties, by State. Form FRA 6180.56 shall be submitted as part of the monthly Railroad Injury and Illness Summary (Form FRA F 6180.55) for the month of December of each year.
3. Form FRA F 6180.57--Highway-Rail Grade Crossing Accident/Incident Report. Form FRA F 6180.57 shall be used to report each highway-rail grade crossing accident/incident which occurred during the preceding month.
4. Form FRA F 6180.81--Employee Human Factor Attachment. Form FRA F 6180.81 shall be used by railroads, as a supplement to the Rail Equipment Accident/Incident Report (Form FRA F 6180.54), in reporting rail equipment accidents/incidents that they attribute to an employee human factor. This form shall be completed in accordance with instructions printed on the form and in the current ``FRA Guide for Preparing Accident/Incident Reports.'' The form shall be attached to the Rail Equipment Accident/Incident Report and shall be submitted within 30 days after expiration of the month in which the accident/incident occurred.
5. Form FRA F 6180.78--Notice to Railroad Employee Involved in Rail Equipment Accident/Incident Attributed to Employee Human Factor; Employee Statement Supplementing Railroad Accident Report. When a railroad alleges, in the Employee Human Factor Attachment to a Rail Equipment Accident/Incident Report, that the act, omission, or physical condition of a specific employee was a primary or contributing cause of the rail equipment accident/incident, the railroad shall complete part I of Form FRA F 6180.78 to notify each such employee identified that the railroad has made such allegation and that the employee has the right to submit a statement to FRA. The railroad shall then submit the entire form, parts I and II, to the employee. The Employee Statement Supplementing Railroad Accident Report (Employee Supplement) is completely at the option of the employee; however, if the employee desires to make a statement about the accident that will become part of the railroad's Rail Equipment Accident/Incident Report, the employee shall complete the Employee Supplement form (part II of Form FRA F 6180.78) and shall then submit the original of the entire form, parts I and II, and any attachments, to FRA and submit a copy of the same to the railroad that issued the Notice in part I.
6. Form FRA F 6180.98--Railroad Employee Injury and/or Illness Record. Form FRA F 6180.98 or an alternative railroad-designed record shall be used by the railroads to record all reportable and accountable injuries and illnesses to railroad employees for each establishment. This record shall be completed and maintained in accordance with the requirements set forth in § 225.25.
7. Form FRA F 6180.97--Initial Rail Equipment Accident/Incident Record. Form FRA F 6180.97 or an alternative railroad-designed record shall be used by the railroads to record all reportable and accountable rail equipment accidents/incidents for each establishment. This record shall be completed and maintained in accordance with the requirements set forth in § 225.25.
8. Form FRA 6180.107--Alternative Record for Illnesses Claimed To Be Work-Related. Form FRA F 6180.107 or an alternative railroad-designed record may be used by a railroad in lieu of Form FRA F 6180.98, “Railroad Employee Injury and/or Illness Record” (described in paragraph (h) of this section), to record each illness claimed by an employee to be work-related that is reported to the railroad for which there is insufficient information for the railroad to determine whether the illness is work-related. This record shall be completed and retained in accordance with the requirements set forth in § 225.25 and § 225.27.
9. Form FRA F 6180.150 – Highway User Injury Inquiry Form – Form FRA F 6180.150 shall be sent to every potentially injured highway user, or their representative, involved in a highway-rail grade crossing accident/incident. If a highway user died as a result of the highway-rail grade crossing accident/incident, a railroad must not send this form to any person. The railroad shall hand deliver or send by first class mail the letter within a

reasonable time period following the date of the highway-rail grade crossing accident/incident. The form shall be sent along with a cover letter and a prepaid preaddressed return envelope. The form and cover letter shall be completed in accordance with instructions contained in the current “FRA Guide for Preparing Accident/Incident Reports.” Any response from a highway user is voluntary and not mandatory. A railroad shall use any response from a highway user to comply with part 225’s accident/incident reporting and recording requirements.

**§ 225.23 Joint operations.**

1. Any reportable death, injury, or illness of an employee arising from an accident/incident involving joint operations must be reported on Form FRA F 6180.55a by the employing railroad.
2. In all cases involving joint operations, each railroad must report on Form FRA F 6180.55a the casualties to all persons on its train or other on-track equipment. Casualties to railroad employees must be reported by the employing railroad regardless of whether the employees were on or off duty. Casualties to all other persons not on trains or on-track equipment must be reported on Form FRA F 6180.55a by the railroad whose train or equipment is involved. Any person found unconscious or dead, if such condition arose from the operation of a railroad, on or adjacent to the premises or right-of-way of the railroad having track maintenance responsibility must be reported by that railroad on Form FRA F 6180.55a.
3. In rail equipment accident/incident cases involving joint operations, the railroad responsible for carrying out repairs to, and maintenance of, the track on which the accident/incident occurred, and any other railroad directly involved in the accident/incident, each must report the accident/incident on Form FRA F 6180.54.

**§ 225.25 Recordkeeping.**

1. Each railroad shall maintain either the Railroad Employee Injury and/or Illness Record (Form FRA F 6180.98) or an alternative railroad-designed record as described in paragraph (b) of this section of all reportable and accountable injuries and illnesses of its employees for each railroad establishment where such employees report to work, including, but not limited to, an operating division, general office, and major installation such as a locomotive or car repair or construction facility.
2. The alternative railroad-designed record may be used in lieu of the Railroad Employee Injury and/or Illness Record (Form FRA F 6180.98) described in paragraph (a) of this section. Any such alternative record shall contain all of the information required on the Railroad Employee Injury and/or Illness Record. Although this information may be displayed in a different order from that on the Railroad Employee Injury and/or Illness Record, the order of the information shall be consistent from one such record to another such record. The order chosen by the railroad shall be consistent for each of the railroad's reporting establishments. Railroads may list additional information on the alternative record beyond the information required on the Railroad Employee Injury and/or Illness Record. The alternative record shall contain, at a minimum, the following information:
   1. Name of railroad;
   2. Case/incident number;
   3. Full name of railroad employee;
   4. Date of birth of railroad employee;
   5. Gender of railroad employee;
   6. Employee identification number;
   7. Date the railroad employee was hired;
   8. Home address of railroad employee; include the street address, city, State, ZIP code, and home telephone number with area code;
   9. Name of facility where railroad employee normally reports to work;
   10. Address of facility where railroad employee normally reports to work; include the street address, city, State, and ZIP code;
   11. Job title of railroad employee;
   12. Department assigned;
   13. Specific site where accident/incident/exposure occurred; include the city, county, State, and ZIP code;
   14. Date and time of occurrence; military time or AM/PM;
   15. Time employee's shift began; military time or AM/PM;
   16. Whether employee was on premises when injury, illness, or condition occurred;
   17. Whether employee was on or off duty;
   18. Date and time when employee notified company personnel of condition; military time or AM/PM;
   19. Name and title of railroad official notified;
   20. Description of the general activity this employee was engaged in prior to the injury/illness/condition;
   21. Description of all factors associated with the case that are pertinent to an understanding of how it occurred. Include a discussion of the sequence of events leading up to it; and the tools, machinery, processes, material, environmental conditions, etc., involved;
   22. Description, in detail, of the injury/illness/condition that the employee sustained, including the body parts affected. If a recurrence, list the date of the last occurrence;
   23. Identification of all persons and organizations used to evaluate or treat the condition, or both. Include the facility, provider and complete address;
   24. Description of all procedures, medications, therapy, etc., used or recommended for the treatment of the condition.
   25. Extent and outcome of injury or illness to show the following as applicable:
       1. Fatality--enter date of death;
       2. Restricted work; number of days; beginning date;
       3. Occupational illness; date of initial diagnosis;
       4. Instructions to obtain prescription medication, or receipt of prescription medication;
       5. If one or more days away from work, provide the number of days away and the beginning date;
       6. Medical treatment beyond ``first aid'';
       7. Hospitalization for treatment as an inpatient;
       8. Multiple treatments or therapy sessions;
       9. Loss of consciousness;
       10. Transfer to another job or termination of employment;
       11. Significant injury or illness of a railroad employee;
       12. Needlestick or sharps injury to a railroad employee, medical removal of a railroad employee, occupational hearing loss of a railroad employee, occupational tuberculosis of a railroad employee, or musculoskeletal disorder of a railroad employee which musculoskeletal disorder is reportable under one or more of the general reporting criteria.
   26. Each railroad shall indicate if the Railroad Injury and Illness Summary (Continuation Sheet) (FRA Form F 6180.55a) has been filed with FRA for the injury or illness. If FRA Form F 6180.55a was not filed with FRA, then the railroad shall provide an explanation of the basis for its decision.
   27. The reporting railroad shall indicate if the injured or ill railroad employee was provided an opportunity to review his or her file; and
   28. The railroad shall identify the preparer's name; title; telephone number with area code; and the date the record was initially signed/completed.
3. Each railroad shall provide the employee, upon request, a copy of either the completed Railroad Employee Injury and/or Illness Record (Form FRA F 6180.98) or the alternative railroad-designed record as described in paragraphs (a) and (b) of this section as well as a copy of forms or reports required to be maintained or filed under this part pertaining to that employee's own work-related injury or illness.
4. Each railroad shall maintain the Initial Rail Equipment Accident/Incident Record (Form FRA F 6180.97) or an alternative railroad-designed record as described in paragraph (e) of this section of reportable and accountable collisions, derailments, fires, explosions, acts of God, or other events involving the operation of railroad on-track equipment, signals, track, or track equipment (standing or moving) that result in damages to railroad on-track equipment, signals, tracks, track structures, or roadbed, including labor costs and all other costs for repairs or replacement in kind for each railroad establishment where workers report to work, including, but not limited to, an operating division, general office, and major installation such as a locomotive or car repair or construction facility.
5. The alternative railroad-designed record may be used in lieu of the Initial Rail Equipment Accident/Incident Record (Form FRA F 6180.97). Any such alternative record shall contain all of the information required on the Initial Rail Equipment Accident/Incident Record. Although this information may be displayed in a different order from that on the Initial Rail Equipment Accident/Incident Record, the order of the information shall be consistent from one such record to another such record. The order chosen by the railroad shall be consistent for each of the railroad's reporting establishments. Railroads may list additional information in the alternative record beyond the information required on the Initial Rail Equipment Accident/Incident Record. The alternative record shall contain, at a minimum, the following information:
   1. Date and time of accident;
   2. Reporting railroad, and accident/incident number;
   3. Other railroad, if applicable, and other railroad's accident/incident number;
   4. Railroad responsible for track maintenance, and that railroad's incident number;
   5. Type of accident/incident (derailment, collision, etc.);
   6. Number of cars carrying hazardous materials that derailed or were damaged; and number of cars carrying hazardous materials that released product;
   7. Division;
   8. County and nearest city or town;
   9. State;
   10. Milepost (to the nearest tenth);
   11. Specific site;
   12. Speed (indicate if actual or estimate);
   13. Train number or job number;
   14. Type of equipment (freight, passenger, yard switching, etc.);
   15. Type of track (main, yard, siding, industry);
   16. Total number of locomotives in train;
   17. Total number of locomotives that derailed;
   18. Total number of cars in train;
   19. Total number of cars that derailed;
   20. Total amount of damage in dollars to equipment based on computations as described in the ``FRA Guide for Preparing Accidents/Incidents Reports'';
   21. Total amount of damage in dollars to track, signal, way and structures based on computations as described in the ``FRA Guide for Preparing Accidents/Incidents Reports'';
   22. Primary cause;
   23. Contributing cause;
   24. Persons injured, persons killed, and employees with an occupational illness, broken down into the following classifications: worker on duty--employee; employee not on duty; passenger on train; nontrespasser--on railroad property; trespasser; worker on duty--contractor; contractor--other; worker on duty--volunteer; volunteer--other; and nontrespasser-off railroad property;
   25. Narrative description of the accident;
   26. Whether the accident/incident was reported to FRA;
   27. Preparer's name, title, telephone number with area code, and signature; and
   28. Date the record was initially signed/completed.
6. Each railroad shall enter each reportable and accountable injury and illness and each reportable and accountable rail equipment accident/incident on the appropriate record, as required by paragraphs (a) through (e) of this section, as early as practicable but no later than seven working days after receiving information or acquiring knowledge that an injury or illness or rail equipment accident/incident has occurred.
7. The records required under paragraphs (a) through (e) of this section may be maintained at the local establishment or, alternatively, at a centralized location. If the records are maintained at a centralized location, but not through electronic means, then a paper copy of the records that is current within 35 days of the month to which it applies shall be available for that establishment. If the records are maintained at a centralized location through electronic means, then the records for that establishment shall be available for review in a hard copy format within four business hours of FRA's request. FRA recognizes that circumstances outside the railroad's control may

preclude it from fulfilling the four-business-hour time limit. In these circumstances, FRA will not assess a monetary penalty against the railroad for its failure to provide the requested documentation provided the railroad made a reasonable effort to correct the problem.

1. Except as provided in paragraph (h)(15) of this section, a listing of all injuries and occupational illnesses reported to FRA as having occurred at an establishment shall be posted in a conspicuous location at that establishment, within 30 days after the expiration of the month during which the injuries and illnesses occurred, if the establishment has been in continual operation for a minimum of 90 calendar days. If the establishment has not been in continual operation for a minimum of 90 calendar days, the listing of all injuries and occupational illnesses reported to FRA as having occurred at the establishment shall be posted, within 30 days after the expiration of the month during which the injuries and illnesses occurred, in a conspicuous location at the next higher organizational level establishment, such as one of the following: an operating division headquarters; a major classification yard or terminal headquarters; a major equipment maintenance or repair installation, e.g., a locomotive or rail car repair or construction facility; a railroad signal and maintenance-of-way division headquarters; or a central location where track or signal maintenance employees are assigned as a headquarters or receive work assignments. These examples include facilities that are generally major facilities of a permanent nature where the railroad generally posts or disseminates company informational notices and policies, e.g., the policy statement in the internal control plan required by § 225.33 concerning harassment and intimidation. At a minimum, ``establishment'' posting is required and shall include locations where a railroad reasonably expects its employees to report during a 12-month period and to have the opportunity to observe the posted list containing any reportable injuries or illnesses they have suffered during the applicable period. This listing shall be posted and shall remain continuously displayed for the next twelve consecutive months. Incidents reported for employees at that establishment shall be displayed in date sequence. The listing shall contain, at a minimum, the information specified in paragraphs (h)(1) through (14) of this section.
   1. Name and address of the establishment;
   2. Calendar year of the cases being displayed;
   3. Incident number used to report case;
   4. Date of the injury or illness;
   5. Location of incident;
   6. Regular job title of employee injured or ill;
   7. Description of the injury or condition;
   8. Number of days employee absent from work at time of posting;
   9. Number of days of work restriction for employee at time of posting;
   10. If fatality--enter date of death;
   11. Annual average number of railroad employees reporting to this establishment;
   12. Preparer's name, title, telephone number with area code, and signature (or, in lieu of signing each establishment's list of reportable injuries and illnesses, the railroad's preparer of this monthly list may sign a cover sheet or memorandum which contains a list of each railroad establishment for which a monthly list of reportable injuries and illnesses has been prepared. This cover memorandum shall be signed by the preparer and shall have attached to it a duplicate copy of each establishment's list of monthly reportable injuries and illnesses. The preparer of the monthly lists of reportable injuries and illnesses shall mail or send by facsimile each establishment’s list to the establishment in the time frame prescribed in paragraph (h) of this section.); and
   13. Date the record was completed.
   14. When there are no reportable injuries or occupational illnesses associated with an establishment for that month, the listing shall make reference to this fact.
   15. The railroad is permitted not to post information on an occupational injury or illness that is a privacy concern case.
2. Claimed Occupational Illnesses.
   1. Each railroad may maintain a Form FRA F 6180.107, “Alternative Records for Illnesses Claimed to be Work-Related,” or an alternate railroad-designed record as described in paragraph (j) of this section, in place of Form FRA F 6180.98, “Railroad Employee Injury and/or Illness Record,” only for those claimed

occupational illnesses for which the railroad has not received information sufficient to determine whether the occupational illness is work-related.

* 1. Each railroad shall enter each illness claimed to be work-related on the appropriate record, as required by paragraph (i)(1) of this section, as early as practicable, but no later than seven working days after receiving information or acquiring knowledge that an employee is claiming they have incurred an occupational illness.
  2. When a railroad does not receive information sufficient to determine whether a claimed occupational illness case is accountable or reportable, the railroad shall make a good faith effort to obtain the necessary information by December 1 of the next calendar year.
  3. Within 15 calendar days of receiving additional information regarding a claimed occupational illness case, each railroad shall document receipt of the information, including date received and type of document/information received, in narrative block 19 of Form FRA F 6180.107, “Alternative Record for Illnesses Claimed to be Work-Related.”
  4. Within 45 calendar days of receiving additional information regarding a claimed occupational illness, each railroad shall re-evaluate the claimed occupational illness to determine work-relatedness, taking into account the new information, and document any findings resulting from the re-evaluation in narrative block 19 of Form FRA F 6180.107, “Alternative Record for Illnesses Claimed to be Work-Related.”
  5. For any claimed occupational illness case determined to be accountable or reportable, each railroad shall:
     1. Complete a Form FRA F 6180.98, “Railroad Employee Injury and/or Illness Record” or alternative railroad-designed form within seven days of making such determination;
     2. Retain the Form FRA F 6180.98, “Railroad Employee Injury and/or Illness Record,” in accordance with § 225.27; and
     3. Report the occupational illness, as applicable, in accordance with § 225.11.
  6. For any claimed occupational illness case determined not to be accountable or reportable, each railroad shall include the following information in narrative block 19 of Form FRA F 6180.107, “Alternative Record for Illnesses Claimed to be Work-Related” or alternative railroad-designed form:
     1. Why the case does not meet reporting criteria;
     2. The basis upon which the railroad made this determination; and
     3. The most authoritative information the railroad relied upon to make the determination.
  7. Although Form FRA 6180.107, “Alternative Record for Illnesses Claimed to be Work-Related” (or the alternate railroad-designed form), may not include all supporting documentation, such as medical records, the alternative record shall note the custodian of those documents and where the supporting documents are located so that they are readily accessible to FRA upon request.

1. An alternative railroad-designed record may be used in lieu of the Alternative Record for Illnesses Claimed to be Work-Related (Form FRA F 6180.107). Any such alternative record shall contain all of the information required on the Alternative Record for Illnesses Claimed to be Work-Related. Although this information may be displayed in a different order from that on the Alternative Record for Illnesses to be Work-Related, the order of the information shall be consistent from one such record to another such record. The order chosen by the railroad shall be consistent for all of the railroad 's reporting establishments. Railroads may list additional information in the alternative record beyond the information required on the Alternative Record for Illnesses Claimed to be Work- Related. The alternative record shall contain, at a minimum, the following information:
   1. Name of Reporting Railroad;
   2. Case/Incident Number;
   3. Employee’s Name (first, middle, last);
   4. Employee’s Date of Birth (mm/dd/yy);
   5. Employee’s Gender;
   6. Employee Identification Number;
   7. Date Employee was Hired (mm/dd/yy);
   8. Employee’s Home Address (include street address, city, State and Zip code);
   9. Employee’s Home Telephone Number (with area code);
   10. Name of Facility Where Railroad Employee Normally Reports to Work;
   11. Location, or Last Know Facility, Where Employee Reports to Work;
   12. Job Title of Railroad Employee;
   13. Department to Which Employee is Assigned;
   14. Date on Which Employee or Representative Notified Company Personnel of Condition (mm/dd/yy);
   15. Name of Railroad Official Notified;
   16. Title of Railroad Official Notified;
   17. Nature of Claimed Illness;
   18. Supporting Documentation;
   19. Custodian of Documents (Name, Title, and Address);
   20. Location of Supporting Documentation;
   21. Narrative;
   22. Preparer’s Name;
   23. Preparer’s Title;
   24. Preparer’s Telephone Number (with area code); and
   25. Date the record was initially signed/completed (mm/dd/yy).

**§ 225.27 Retention of records.**

(a)

1. Five-year retention period. Each railroad shall retain the following forms for at least five years after the end of the calendar year to which they relate:
   1. Form FRA F 6180.98, “Railroad Employee Injury and/or Illness Record;”
   2. Form FRA F 6180.107, “Alternative Record for Illnesses Claimed to be Work-Related;”
   3. Monthly List of Injuries and Illnesses required by § 225.25; and
   4. Form FRA F 6180.150, “Highway User Injury Inquiry Form.”
2. Two-year retention period. Each railroad shall retain the following forms for at least two years after the end of the calendar year to which they relate:
   1. Form FRA F 6180.97, “Initial Rail Equipment Accident/Incident Record,” required by § 225.25;
   2. The Employee Human Factor Attachments (Form FRA F 6180.81, “Employee Human Factor Attachment”) required by § 225.12, that have been received by the railroad;
   3. The written notices to employees required by § 225.12 (Part I of Form FRA F 6180.78, “Notice to Railroad Employee Involved in Rail Equipment Accident/Incident Attributed to Employee Human Factor; Employee Statement Supplementing Railroad Accident Report”), that have been received by the railroad; and
   4. The Employee Statements Supplementing Railroad Accident Reports described in § 225.12(g) (Part II of Form FRA F 6180.78, “Notice to Railroad Employee Involved in Rail Equipment Accident/Incident Attributed to Employee Human Factor; Employee Statement Supplementing Railroad Accident Report”), that have been received by the railroad.
3. Each railroad must retain a duplicate of each form it submits to FRA under § 225.21, for at least 2 years after the calendar year to which it relates.
4. Each railroad must retain the original hard copy of each completed and signed Form FRA F 6180.55 that the railroad submits to FRA on optical media (CD-ROM) or electronically via the Internet to [aireports@frasafety.net](mailto:aireports@frasafety.net) for at least five years after the calendar year to which it relates. If the railroad opts to submit the report to FRA electronically via the Internet, the railroad must also retain a hard copy print out of FRA’s electronic notice

acknowledging receipt of the railroad’s submission for a period of at least five years after the calendar year to which the report acknowledged relates.

1. Railroads may retain accident/incident records as required by paragraphs (a) and (b) of this section in hard copy format or in electronic format. After October 31, 2011, accident/incident records, retained by railroads as required by paragraphs (a) and (b) of this section, in hard copy format or electronic format are subject to the following system requirements:
   1. Design Requirements. Any electronic record keeping system used to retain a record required to be retained by this part shall meet the following design parameters:
      1. The electronic record system shall be designed such that the integrity of each record is retained through appropriate levels of security such as recognition of an electronic signature, or other means, which uniquely identify the initiating person as the author of that record. No two persons shall have the same electronic identity;
      2. The electronic system shall ensure that each record cannot be modified, or replaced, once the record is submitted to FRA;
      3. Any amendment to a record shall be electronically stored apart from the record which it amends. Each amendment to a record shall uniquely identify the person making the amendment and the date the amendment was made;
      4. The electronic system shall provide for the maintenance of reports as originally submitted to FRA without corruption or loss of data; and
      5. Policies and procedures must be in place to prevent persons from altering electronic records, or otherwise interfering with the electronic system.
   2. Accessibility and availability. Any electronic record system used to create, maintain, or transfer a record required to be maintained by this part shall meet the following access and availability parameters:
      1. Paper copies of electronic records and amendments to those records that may be necessary to document compliance with this part shall be provided to any representative of the FRA or of a State agency participating in investigative and/or surveillance activities under part 212 of this chapter or any other authorized representative for inspection and photocopying upon request in accordance with § 225.35; and
      2. Paper copies provided to FRA or of a State agency participating in investigative and/or surveillance activities under part 212 of this chapter or any other authorized representative shall be produced in a readable text format and all data shall be identified by narrative descriptions (e.g., “accident/incident number,” “number of days away from work,” “date of occurrence,” etc.).

**§ 225.29 Penalties.**

Any person (an entity of any type covered under 1 U.S.C. 1, including but not limited to the following: a railroad; a manager, supervisor, official, or other employee or agent of a railroad; any owner, manufacturer, lessor, or lessee of railroad equipment, track, or facilities; any independent contractor providing goods or services to a railroad; and any employee of such owner, manufacturer, lessor, lessee, or independent contractor) who violates any requirement of this part or causes the violation of any such requirement is subject to a civil penalty of at least $650 and not more than $25,000 per violation, except that: Penalties may be assessed against individuals only for willful violations, and where a grossly negligent violation or a pattern of repeated violations has created an imminent hazard of death or injury to persons, or has caused death or injury, a penalty not to exceed $27,000 per violation may be assessed.

Each day a violation continues shall constitute a separate offense. See appendix A to this part for a statement of agency civil penalty policy. A person may also be subject to the criminal penalties provided for in 49 U.S.C. 21311.

**§ 225.31 Investigations.**

1. It is the policy of the FRA to investigate rail transportation accidents/incidents which result in the death of a railroad employee or the injury of five or more persons. Other accidents/incidents are investigated when it appears that an investigation would substantially serve to promote railroad safety.
2. FRA representatives are authorized to investigate accidents/incidents and have been issued credentials authorizing them to inspect railroad records and properties. They are authorized to obtain all relevant information concerning accidents/incidents under investigation, to make inquiries of persons having knowledge of the facts, conduct interviews and inquiries, and attend as an observer, hearings conducted by railroads. When necessary to carry out an investigation, the FRA may authorize the issuance of subpoenas to require the production of records and the giving of testimony.
3. Whenever necessary, the FRA will schedule a public hearing before an authorized hearing officer, in which event testimony will be taken under oath, a record made, and opportunity provided to question witnesses.
4. When necessary in the conduct of an investigation, the Federal Railroad Administrator may require autopsies and other tests of the remains of railroad employees who die as a result of an accident/incident.
5. Information obtained through FRA accident investigations may be published in public reports or used for other purposes FRA deems to be appropriate.
6. Section 20903 of title 49 of the United States Code provides that no part of a report of an accident investigation under section 20902 of title 49 of the United States Code may be admitted as evidence or used for any purpose in any suit or action for damages growing out of any matter mentioned in the accident investigation report.

**§ 225.33 Internal Control Plans.**

1. Each railroad shall adopt and comply with a written Internal Control Plan that shall be maintained at the office where the railroad's reporting officer conducts his or her official business. Each railroad shall amend its Internal Control Plan, as necessary, to reflect any significant changes to the railroad's internal reporting procedures. The Internal Control Plan shall be designed to maintain absolute accuracy and shall include, at a minimum, each of the following components:
   1. A policy statement declaring the railroad's commitment to complete and accurate reporting of all accidents, incidents, injuries, and occupational illnesses arising from the operation of the railroad, to full compliance with the letter and spirit of FRA's accident reporting regulations, and to the principle, in absolute terms, that harassment or intimidation of any person that is calculated to discourage or prevent such person from receiving proper medical treatment or from reporting such accident, incident, injury or illness will not be permitted or tolerated and will result in some stated disciplinary action against any employee, supervisor, manager, or officer of the railroad committing such harassment or intimidation.
   2. The dissemination of the policy statement; complaint procedures. Each railroad shall provide to all employees, supervisory personnel, and management the policy statement described in paragraph (a)(1). Each railroad shall have procedures to process complaints from any person about the policy stated in paragraph (a)(1) being violated, and to impose the appropriate prescribed disciplinary actions on each employee, supervisor, manager, or officer of the railroad found to have violated the policy. These procedures shall be disclosed to railroad employees, supervisors, managers, and officers. The railroad shall provide ``whistle blower'' protection to any person subject to this policy, and such policy shall be disclosed to all railroad employees, supervisors and management.
   3. Copies of internal forms and/or a description of the internal computer reporting system used for the collection and internal recording of accident and incident information.
   4. A description of the internal procedures used by the railroad for the processing of forms and/or computerized data regarding accident and incident information.
   5. A description of the internal review procedures applicable to accident and incident information collected, and reports prepared by, the railroad's safety, claims, medical and/or other departments engaged in collecting and reporting accident and incident information.
   6. A description of the internal procedures used for collecting cost data and compiling costs with respect to accident and incident information.
   7. A description of applicable internal procedures for ensuring adequate communication between the railroad department responsible for submitting accident and incident reports to FRA and any other department within the railroad responsible for collecting, receiving, processing and reporting accidents and incidents.
   8. A statement of applicable procedures providing for the updating of accident and incident information prior to reporting to FRA and a statement of applicable procedures providing for the amendment of accident and incident information as specified in the “FRA Guide for Preparing Accidents/Incidents Reports.”
   9. A statement that specifies the name and title of the railroad officer responsible for auditing the performance of the reporting function; a statement of the frequency (not less than once per calendar year) with which audits are conducted; and identification of the site where the most recent audit report may be found for inspection and photocopying.

(10)(i) A brief description of the railroad organization, including identification of:

* + 1. All components that regularly come into possession of information pertinent to the preparation of reports under this part (e.g., medical, claims, and legal departments; operating, mechanical, and track and structures departments; payroll, accounting, and personnel departments);
    2. The title of each railroad reporting officer;
    3. The title of each manager of such components, by component; and
    4. All officers to whom managers of such components are responsible, by component.

(ii) A current organization chart satisfies paragraphs (a)(10)(i) (B), (C), and (D) of this section.

(11) In the case of the Form FRA F 6180.107 or the alternate railroad-designed form, a statement that specifies the name(s), title(s), and address(es) of the custodian(s) of these records, all supporting documentation, such as medical records, and where the documents are located.

1. [Reserved]

**§ 225.35 Access to records and reports.**

1. Each railroad subject to this part shall have at least one location, and shall identify each location, where any representative of the Federal Railroad Administration or of a State agency participating in investigative and surveillance activities under part 212 of this chapter or any other authorized representative, has centralized access to a copy of any record and report required under this part, for examination and photocopying in a reasonable manner during normal business hours.
2. Each railroad subject to this part shall also provide to any representative of the Federal Railroad Administration or of a State agency participating in investigative or and surveillance activities under part 212 of this chapter or any other authorized representative access to relevant medical and claims records for examination and photocopying in a reasonable manner during normal business hours. Such representatives shall display proper credentials when requested. Each railroad shall identify the locations where a copy of any record and report required under this part is accessible for inspection and photocopying by maintaining a list of such establishment locations at the office where the railroad's reporting officer conducts his or her official business. A copy of any record and report required under this part shall be accessible within four business hours after the request. The Form FRA F 6180.107 or the alternate railroad-designed form need not be provided at any railroad establishment within 4 hours of a request. Rather, the Form FRA F 6180.107 or the alternate railroad-designed form must be provided upon request, within five business days, and may be kept at a central location, in either paper or electronic format. FRA will not assess a monetary penalty against the railroad for its failure to provide the requested documentation when circumstances outside the railroad's control preclude it from fulfilling the four-business-hour time limit and the railroad has made a reasonable effort to correct the problem. Should a railroad assert a legal privilege with respect to certain claims and medical records, failure to provide FRA access to such records would not constitute a violation of this section. FRA retains the right to issue a subpoena to obtain such records under 49 U.S.C. § § 20107 and 20902 and § § 209.7(a) and 225.31(b) of this title, and the railroad may contest that subpoena.

**§ 225.37 Optical media transfer and electronic submission.**

1. A railroad has the option of submitting the following reports, updates, and amendments by way of optical media (CD-ROM), or by means of electronic submission via the Internet:
   1. The Rail Equipment Accident/Incident Report (Form FRA F 6180.54);
   2. The Railroad Injury and Illness Summary (Form FRA F 6180.55);
   3. The Railroad Injury and Illness Summary (Continuation Sheet) (Form FRA F 6180.55a);
   4. The Highway-Rail Grade Crossing Accident/Incident Report (Form FRA F 6180.57); and
   5. The Employee Human Factor Attachment (Form FRA F 6180.81) (the Employee Human Factor Attachment must be in .pdf or .jpg format only).
2. Each railroad utilizing the optical media option shall submit to FRA a computer CD-ROM containing the following:
   1. An electronic image of the completed and signed hard copy of the Railroad Injury and Illness Summary (Form FRA F 6180.55) in .pdf or .jpg format only; and
   2. The completed accident/incident report submissions.

(c)

1. Each railroad utilizing the electronic submission via the Internet option shall submit to FRA at [aireports@frasafety.net:](mailto:aireports@frasafety.net)
   1. An electronic image of the completed and signed hard copy of the Railroad Injury and Illness Summary (Form FRA F 6180.55) in .pdf or .jpg format only; and
   2. The completed accident/incident report submissions.
2. FRA will provide to the railroad an electronic notice acknowledging receipt of submissions filed electronically via the Internet.
3. Each railroad employing either the optical media or electronic submission via the Internet option, shall submit its monthly reporting data for the reports identified in paragraph (a) of this section in a year-to-date file format as described in the FRA Guide.
4. A railroad choosing to use optical media or electronic submission via the internet must use one of the approved formats specified in the Companion Guide. FRA will reject submissions that do not adhere to the required formats, which may result in the issuance of one or more civil penalty assessments against a railroad for failing to provide timely submissions of required reports as required by § 225.11.

**§ 225.39 FRA policy on covered data.**

FRA will not include covered data (as defined in § 225.5) in its periodic summaries of data on the number of occupational injuries and illnesses.

**§ 225.41 Suicide Data.**

FRA does not include suicide data (as defined in § 225.5) in its periodic summaries of data on the number of injuries and illnesses associated with railroad operations. FRA will maintain suicide data in a database that is not publicly accessible. Suicide data will not be available on FRA's website for individual reports or downloads.

Suicide data will be available to the public in aggregate format on FRA’s website and via requests under the Freedom of Information Act.

**APPENDIX A TO PART 225—SCHEDULE OF CIVIL PENALTIES 1**

|  |  |  |
| --- | --- | --- |
| **Section**2 | **Violation** | **Willful Violation** |
| * 1. Failure to comply with consolidated reporting requirements.. 225.9:   (1) Failure to report …………………......................................   * + 1. Failure to immediately report……………………………..     2. Failure to accurately report……………………………….   225.11:   1. Failure to report accident/incident………………………...    1. Highway-rail grade crossing…………………………    2. Rail Equipment………………………………………    3. Death, Injury, or occupational illness……………….. 2. Report is incomplete……………………………….……..    1. Failure to file Railroad Employee Human Factor form……       1. Failure to file Railroad Employee Human Factor Attachment correctly:          1. Employee identified……………………………          2. No employee identified………………………..   (b)   1. Failure to notify employee properly…………....... 2. Notification of employee not involved in accident. 3. Failure of employing railroad to provide requested information properly……………………………………   (d)   * 1. Failure to revise report ..…………………………   2. Failure to notify after late identification………… | $ 2,500 | $ 5,000 |
| 2,500 | 5,000 |
| 1,000 | 2,000 |
| 1,000 | 2,000 |
| 2,500 | 5,000 |
| 1,000 | 2,000 |
| 2,500 | 5,000 |
| 2,500 | 5,000 |
| 1,000 | 2,000 |
| 2,500 | 5,000 |
| 2,500 | 5,000 |
| 1,000 | 2,000 |
| 2,500 | 5,000 |
| 2,500 | 5,000 |

**Section**2 **Violation Willful Violation**

1. Submission of notice if employee dies as result of the reported accident…………………………………………….

2,500 5,000

1. Willfully false accident statement by employee………. 5,000

|  |  |  |  |
| --- | --- | --- | --- |
| 225.13 | (1) Failure to Late reports………………………………….. | 2,500 | 5,000 |
|  | (2) Failure to Review Employee Statement………………… | 2,500 | 5,000 |
|  | (3) Failure to Amend Report………………………………. | 1,000 | 2,000 |

225.18 Alcohol or drug involvement ………………………….. 2,500 5,000

225.23 Joint operations (1) (1)

225.25:

|  |  |  |
| --- | --- | --- |
| (1) Recordkeeping …………………………………. | 2,500 | 5,000 |
| (2) Failure to post list………………………………………. | 1,000 | 2,000 |
| (3) Posting Prohibited Information………………………… | 1,000 | 2,000 |
| (4) Missing fields…………………………………………… | 1,000 | 2,000 |

225.27:

|  |  |  |
| --- | --- | --- |
| (1) Failure to retain records………………………………. | 1,000 | 2,000 |
| 1. Failure to retain electronic receipt……………………… 2. Failure to comply with electronic recordkeeping requirements…………………………………………… | 1,000  1,000 | 2,000  2,000 |
| (4) Failure to provide access to records…………………… | 1,000 | 2,000 |

225.33:

1. Failure to adopt Internal Control Plan or more than two missing/outdated/incorrect components….....……........
2. Internal Control Plan with less than three

2,500

5,000

|  |  |  |
| --- | --- | --- |
| missing/outdated/incorrect components….…………….. | 1,000 | 2,000 |
| 1. Failure to comply with Internal Control Plan ….……… 2. Failure to comply with the intimidation/harassment policy in Internal Control Plan………………………… | 2,500  2,500 | 5,000  5,000 |

(5) Failure to comply with requirements associated with Form FRA F 6180.150………………………………….

2,500

5,000

|  |  |  |
| --- | --- | --- |
| **Section**2  225.35 Access to records and reports …………………………….. | **Violation**  2,500 | **Willful Violation**  5,000 |

1 A penalty may be assessed against an individual only for a willful violation. The Administrator reserves the right to assess a penalty of up to $100,000 for any violation where circumstances warrant. See 49 CFR part 209, appendix A. A failure to comply with § 225.23 constitutes a violation of § 225.11. For purposes of §§ 225.25 and

225.27 of this part, each of the following constitutes a single act of noncompliance: (1) a missing or incomplete log entry for a particular employee's injury or illness; or (2) a missing or incomplete log record for a particular rail equipment accident or incident. Each day a violation continues is a separate offense.

2 The penalty schedule uses section numbers from 49 CFR part 225. If more than one item is listed as a type of

violation of a given section, each item is also designated by a “penalty code,” which is used to facilitate assessment of civil penalties, and which may or may not correspond to any subsection designation(s). For convenience, penalty citations will cite the CFR section and the penalty code, if any. FRA reserves the right, should litigation become necessary, to substitute in its complaint the CFR citation in place of the combined CFR and penalty code citation, should they differ.

#### FRA Guide for Preparing Accident/Incident Reports

**APPENDIX M**

**Telephonic Notification Chart**

**Appendix M - 1 Telephonic Notification Chart**

The flowchart below had been designed to allow railroad officials a quick reference for determining if telephonic reporting is required after a train accident, train incident, non train incident or other event. It does not replace the actual rule text. Users of the flow chart are encouraged to review the rule text in Appendix L, § 225.9 Telephonic reports of certain accidents/incidents and other events.

**Was there a death involved?**

**Yes**

**Was the fatality to Railroad Employee2,Contractor2**

**on Railroad Property, Passenger3, or Highway User or any person due to a collision4 as a result of a highway-rail crossing accident/incident3?**

**Yes**

**Telephonic notification required.**

**No**

**Death or injury**

**of five or more persons as a result of an accident/incident or event/exposure arising from the operation of the railroad?**

**No**

**Yes**

**Telephonic notification required.**

**No**

**Was there a train accident1?**

**Yes**

**Two or more crew or passengers requiring hospital admission?**

**Yes**

**Telephonic notification required.**

**No**

**No**

**No telephonic notification required.**

**A** Page 1 of 3

**A**

**No**

**Passenger train (with passengers on board)?**

**Yes**

**Was there an evacuation of the train?**

**Yes**

**No**

**Telephonic notification required.**

**Damage of $25,000 or more (including non railroad property)?**

**No**

**Yes**

**No**

**Telephonic notification required.**

**No telephonic notification required.**

**Damage of $150,000 or more (including non railroad property)?**

**Yes**

**No**

**Telephonic notification required.**

**A**

Page 2 of 3

**A**

**No**

**Was the accident**

**a collision or derailment?**

**Yes**

**Scheduled passenger service on track affected?**

**Yes**

**No**

**Telephonic notification required by freight railroad.**

**No**

**No telephonic notification required.**

**Fouls a main line used for scheduled passenger service?**

**Yes**

**No**

**Telephonic notification required by freight railroad.**

**No telephonic notification required.**

**1** Using the FRA Criteria for determination of an accident.

**2** Even due to natural causes not related to rail operations, later the railroad may deem the fatality is not reportable to the FRA.

**3** See FRA Definition.

4 A railroad is only required to report those fatalities occurring within 24 hours of the highway-rail grade crossing accident/incident.

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**APPENDIX N**

**Sample Cover Letter to Accompany Highway User Injury Inquiry Form (Form FRA F 6180.150)**

[Railroad Name] [Railroad Address]

[Date]

[Highway User Name] [Highway User Address]

Dear [Highway User],

[Railroad’s Name] records show that you may have been involved in the highway-rail grade crossing accident/incident described in Part I of the attached form (Form FRA F 6180.150, “Highway User Injury Inquiry Form”). (The term “highway-rail grade crossing” includes a pathway crossing explicitly authorized by a public authority or a railroad carrier that is dedicated for the use of non-vehicular traffic, not associated with a public highway, road, or street, or a private roadway, that cross one or more railroad tracks at grade.)

[Railroad’s Name] is required by the Federal Railroad Administration (“FRA”) to send a Highway User Injury Inquiry Form to every person potentially injured in a highway-rail grade crossing accident/incident. However, you are not required to complete the Highway User Injury Inquiry Form (your response is completely voluntary and not required by law). Your response will be retained by [Railroad’s Name] as part of its accident/incident records pursuant to 49

C.F.R. § 225.27.

As background, railroads are required by Federal law to provide the FRA with information about certain accidents and incidents occurring as a result of railroad operations. Information collected from Highway User Injury Inquiry Forms will enable railroads to provide FRA with more accurate information about such accidents/incidents. FRA uses this information to understand and eliminate railroad safety hazards. You may learn more about FRA’s reporting regulations by visiting [www.fra.dot.gov.](http://www.fra.dot.gov/)

If you decide to complete the Highway User Injury Inquiry Form, please review and complete Part II of Highway User Injury Inquiry Form. [Railroad’s Name] has completed Part I; however, if you have any corrections, please mark them directly on the Highway User Injury Inquiry Form. When completing the narrative sections in 15(b) and 16(b) of the Highway User Injury

Inquiry Form, please describe the events that gave rise to your injury or injuries, discuss the medical treatment, if any, you received as a result of your injury or injuries, and provide any additional information about the box or boxes you checked in 16(a). For example, please describe your location and activities at the time of the accident/incident, the type of injury or injuries that you sustained and the medical care that you received following the accident/incident. Once you have completed Part II, please sign and date the Highway User Injury Inquiry Form, and return it to [Railroad’s Name] in the enclosed prepaid and preaddressed return envelope.

If you have any questions, please contact me, [Railroad’s Name]’s Reporting Officer. I may be reached at ( ) - .

Thank you,

[Reporting Officer’s Name]