

Metro Incident Checklist

Chain Marker # _____

Metro Map # _____

Between/At _____ Station & _____ Station

3rd Rail Status
NO ONE ON TRACK BED TILL POWER CONFIRMATION

UP DOWN

Track # 1 _____ _____

Track # 2 _____ _____

Hot Stick Test
 Confirmed with OCC
 WASD's in place Front and Rear

Train Movement

	YES	NO
Track # 1	_____	_____
Track # 2	_____	_____

Assignment/Confirm Standpipe Coverage

Engine _____ at _____

Engine _____ at _____

Engine _____ at _____

Passenger Information

Estimated # on Train _____

Exact # _____

Requiring EMS# _____

Non Ambulatory # _____

Searches
 Primary _____ By _____

Secondary _____ By _____

Incident Checklist

Is ROC on Channel
 Power Confirmation
 WASD's in Place
 Chocks in Place
 Flaggers
 Safety Officer In Station
 Division Supervisor in Station
 Water Supply

Station _____
 Tunnel _____

Ventilation Concerns

Main Entry Control Point

Box Alarm	Staffing	Assignment
E	2 3 4 5 6	
E	2 3 4 5 6	
E	2 3 4 5 6	
E	2 3 4 5 6	
E	2 3 4 5 6	
T	2 3 4 5 6	
T	2 3 4 5 6	
T	2 3 4 5 6	
RS	2 3 4 5 6	
A		
M		
BC		
C		

