NATIONAL TRANSPORTATION SAFETY BOARD
Investigative Hearing

Washington Metropolitan Area Transit Authority Metrorail train 302 that encountered heavy smoke in the tunnel between the L'Enfant Plaza Station and the Potomac River Bridge on January 12, 2015

Agency / Organization

WMATA

Title

WMATA Safety and Security Review Report, 2014

January 30, 2014

Ms. Klara Baryshev
Chair, Tri-state Oversight Committee
District of Columbia Department of Transportation
55 M Street, SE, Suite 400
Washington, DC 20003

Re: WMATA Annual Safety and Security Audit Report and Certification

Dear Ms. Baryshev:

The Washington Metropolitan Area Transit Authority (WMATA) is pleased to submit the attached 2013 Annual Safety and Security Audit Report (**Attachment 1**). This report is submitted to meet the requirements of 49 CFR Part 659.27 and Section 6.3 of the Tri-state Oversight Committee's (TOC) Program Standard and Procedures. Please also find attached WMATA's internal safety and security audit schedule for the three year period of October 1, 2012 through September 30, 2015 (**Attachment 2**).

2013 Safety and Security Program Highlights

WMATA continued to take significant steps in 2013 to further strengthen its safety and security programs and to continue to implement a strong and proactive safety culture throughout the organization. Highlights of our efforts included:

- Developing computer-based training modules to help employees comply with EPA requirements governing storm water, spill prevention and recycling matters.

- Partnering with DOT to institute a Confidential Close Call Reporting System similar to the Federal Railroad Administration's (FRA) Confidential Close Call Reporting System (C3RS). This system allows WMATA to become the nation's first rail transit agency to implement "close call" reporting where WMATA workers can anonymously report dangerous situations without fear of reprisal.

- Initiating the SafeStat program, which is a management tool for trending and analysis that will provide information to safety managers to allocate resources and mitigate hazards. The program is similar to MetroStat, which is used by MTPD, and provides a more statistics-driven and objective-based approach to safety management, allowing WMATA personnel and resources to be strategically deployed more effectively to identified hot spots.

- Moving towards a Fatigue Risk Management System with a focus on safety-critical (WMATA defined) occupations within bus, rail and MetroAccess.

- Conducting Fire/Life Safety Assessments of all bus and rail facilities, the Carmen Turner Facility and the MS400 Warehouse, and began conducting Fire/Life Safety Assessments at all rail stations.

- Achieving the American Public Transportation Association (APTA) Certificate of Merit for Safety in Recognition of Exceptional Safety Program Achievement – 2013 for Heavy Rail Systems.

- Receiving a National Safety Council award for 2013's "CEOs Who Get It", which is given to leaders of national organizations who understand "that safety is not only the right thing to do, but that creating a culture of safety also is a business imperative."

- Launching the "Ride Safe" campaign that graphically depicts unsafe, common behaviors, with thought-provoking headlines focused on consequences and familiar colors that signal caution. The campaign includes lessons learned from the January 2013 Green Line incident and also includes new rail onboard emergency signage that instructs riders to stay on the train in an emergency. The new instructional signage is printed on glow-in-the dark materials and will be installed on every rail car this year.

- Closing 11 National Transportation Safety Board (NTSB) recommendations.

- Achieving a FY2013 Customer Injury Rate of 4.84, below the target of 5.0, and an Employee Injury Rate of 1.92, with a target 1.80.

- Providing Roadway Worker Protection training to employees and contractors and meeting an October 2013 deadline to retrain all employees whose qualifications were expiring.

- Conducting a safety review of 1,900 job descriptions, then grouping, analyzing and developing training profiles for positions in regards to required occupational safety.

- Taking delivery of a Track Geometry Vehicle, which is a specialized railcar equipped with advanced technology that analyzes rail conditions and alerts WMATA to potential defects.

In 2013, WMATA continued to implement its internal safety and security audit program to comply with the requirements of 49 CFR Part 659 and TOC's Program Standard and Procedures. The attached report documents the internal safety and security review activities performed by WMATA for calendar year 2013 and provides the status of subsequent findings and corrective actions.
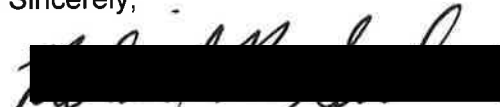
Annual Certification

I hereby certify that WMATA is in compliance with the requirements of its System Safety Program Plan (SSPP) and Security and Emergency Preparedness Plan (SEPP) with the exception of the remaining open findings identified during WMATA's 2012/2013 audit cycle.

Conclusion

In conclusion, I would like to thank you for your continued oversight, cooperation and support of WMATA's safety and security programs. WMATA remains fully committed to implementing a proactive and effective system safety program in compliance with TOC's Program Standard and Procedures and all other applicable Federal and state regulations and requirements. I look forward to our continued partnership as we continue to progress WMATA's safety and security programs.

If you have any questions regarding WMATA's Annual Safety and Security Audit Report, please do not hesitate to contact me or James Dougherty, Chief Safety Officer.

Sincerely,

Richard R. Sarles
General Manager and Chief Executive Officer

Attachments

ATTACHMENT 1:
WMATA 2013 ANNUAL SAFETY AND SECURITY AUDIT REPORT

1.0   Introduction

The Washington Metropolitan Area Transit Authority (WMATA) is required by Section 6.3 of the Tri-State Oversight Committee's (TOC) Program Standard and Procedures, and by Paragraph 3.1 of the Memorandum of Understanding by and between WMATA and TOC to develop and submit an Annual Safety and Security Audit Report to the TOC on or before February 1st of each year. This report must:

- Provide a summary of the internal audits performed during the preceding calendar year.

- Include the completed internal audit checklists used to perform the internal audits during the preceding calendar year.

- Document the findings identified as a result of the audits performed during the preceding calendar year.

- Identify the corrective action plans developed to address the findings generated through the internal audit process for the preceding calendar year.

This document has been developed to meet these requirements and serves as WMATA's **2013 Annual Safety and Security Report** to TOC.

2.0   Summary of Internal Audits

The audits performed during the 2012/2013 audit cycle were completed in accordance with the TOC approved WMATA standard operating procedure for performing internal safety and security audits. Under this procedure, the internal safety and security audits were performed by WMATA department rather than by program element. In this manner, WMATA evaluated the implementation of all applicable System Safety Program Plan (SSPP) and Security and Emergency Preparedness Plan (SEPP) elements for each audited department, rather than evaluating a limited number of safety and security program elements across the organization. This has been done to reduce the audit burden placed on WMATA's departments as a result of participating in multiple audits throughout the three year audit cycle. It has also been done to improve the thoroughness of the audits performed for each department.

During the 2012/2013 audit cycle, internal safety and security audits were performed for each of the following departments:

- Information Technology (IT)
- Department of Customer Service, Communications and Marketing (CSCM) – Office of Public Relations (PREL)
- Department of Finance and Administration – Office of Procurement (PRMT)
- Office of Storerooms and Material Logistics (SRML)
- Revenue (REV)
- Rail Operations Scheduling Department (ROSC)

As required by Section 6.2 of TOC's Program Standard and Procedures, WMATA provided TOC with the internal audit checklists in advance of each audit as part of each audit notification package. Audit teams consisted of both WMATA and contractor personnel and included representatives from WMATA's Department of Safety and Environmental Management (SAFE), the Metro Transit Police Department (MTPD), and Quality Assurance. The audits included document and record reviews, interviews of applicable staff, and field verifications and inspections. Final audit reports documenting the audit results, including findings, recommendations and associated corrective action plans were developed and submitted to TOC in accordance with TOC's Program Standard and Procedures.

The completed checklists used to perform the internal audits are included in **Appendix A**. The corrective action plans developed in response to the internal audit findings are provided in **Appendix B**. The following provides a summary of the audit results for each of the internal safety and security audits conducted during 2012/2013 audit cycle.

2.1 Information Technology (IT) – Summary of Audit Results

The audit interview for the audit of the Information Technology (IT) department was completed on November 9, 2012. IT provided documentation prior to and at the audit interview, which was reviewed by the Audit Team, as well as requested supplemental documentation provided after the audit interview. Field verifications of configuration management and the Disaster Recovery location at the Carmen Turner Facility were conducted between November 10th, 2012 and January 31st, 2013.

The applicable SSPP areas audited included:

- Element 5 – SSPP Implementation – Tasks and Activities
- Element 6 – Hazard Management Program
- Element 7 – Safety and Security Certification
- Element 8 – Managing Safety in System Modifications
- Element 11 – Emergency Management
- Element 17 – Configuration Management
- Element 18 – Employee and Contractor Safety Program
- Element 21 – Procurement

Overall, the Audit Team found that there was a strong commitment within IT to improvement in all areas of safety- and security-criticality. The Audit Team's findings of concern were primarily in the area of configuration management, quality assurance, training and procurement. Findings of non-compliance included:

1. Lack of complete configuration management of IT systems. Although some configuration is appropriately documented, IT needs to ensure all critical systems are mapped, documented, diagrammed and described, and that this configuration is updated and maintained according to a rigorous procedure and schedule to ensure compliance with the requirements of 49 CFR 659.

2. Insufficient internal controls in place to ensure all requirements are met in all areas, including audits of critical systems, identification of trusted positions, vendor audits, reviews and certifications, and other components of the procurement process.
3. Identification of training requirements and standards for IT.
4. A robust risk assessment process and hazard management throughout the life-cycle.

2.2 Department of Customer Service, Communications and Marketing (CSCM) – Office of Public Relations (PREL) – Summary of Audit Results

The audit interview for the audit of the Department of Customer Service, Communications and Marketing – Office of Public Relations was scheduled and completed on March 11, 2013. Documentation provided prior to and after the audit interview was reviewed by the Audit Team. Documentation found to be in draft form in audit cycle 1 was found to be formalized, endorsed, and implemented.

The applicable SSPP areas audited included:

- Element 5 – SSPP Implementation – Tasks and Activities
- Element 6 – Hazard Management Program
- Element 10 – Accident/Incident Notification, Investigation and Reporting
- Element 11 – Emergency Management
- Element 16 – Training and Certification Review/Audit
- Element 17 – Configuration Management
- Element 18 – Employee and Contractor Safety Program

The audit established a full level of compliance with the SSPP, SEPP, and the requirements of system safety and security standards. The Audit Team also noted that the CSCM area has formally documented all required departmental tasks, processes and procedures in the WMATA Public Information Plans and Procedures document. In addition, the Audit Team noted that organizational changes have resulted in a consolidation of customer service and public information functions for the entire agency. Future audits will encompass all of CSCM's functions beginning with the next required customers service audit. The Audit Team further determined that the department had excellent safety and security practices in place, such as participation in Continuity of Operations Plan exercises. CSCM employees are also trained in emergency management and preparedness, and have excellent interdepartmental coordination and cooperation among management. The level of safety and security awareness for all participating departmental members was very high.

2.3 Department of Finance and Administration – Office of Procurement (PRMT) – Summary of Audit Results

The audit interview for the Department of Finance and Administration – Office of Procurement (PRMT) audit was scheduled and completed on April 19, 2013. Documentation provided prior to and after the audit interview was reviewed by the Audit Team.

The applicable SSPP areas audited included:

- Element 5 – SSPP Implementation – Tasks and Activities
- Element 6 – Hazard Management Program
- Element 10 – Accident/Incident Notification, Investigation and Reporting
- Element 11 – Emergency Management
- Element 16 – Training and Certification Review/Audit
- Element 17 – Configuration Management
- Element 18 – Employee and Contractor Safety Program
- Element 21 – Procurement

This audit determined that PRMT was in full compliance with all applicable requirements of the SSPP, SEPP, 49 CFR 659 and the TOC Program Standard and Procedures. The Audit Team determined that the PRMT area has formally documented all required departmental tasks, processes and procedures in the WMATA Procurement Procedure Manual. The department also has excellent safety and security practices in place, including participation in regular Continuity of Operations Plan exercises. PRMT employees are trained in emergency management and preparedness, and have excellent coordination and cooperation among management and staff. The level of safety and security awareness for all participating departmental members was also very high.

2.4 Office of Storerooms and Material Logistics (SRML) – Summary of Audit Results

The audit interview for the above referenced area was scheduled and completed on April 19, 2013. Documentation provided prior to and after the audit interview was reviewed by the Audit Team.

The applicable SSPP areas audited included:

- Element 5 – SSPP Implementation – Tasks and Activities
- Element 6 – Hazard Management Program
- Element 10 – Accident/Incident Notification, Investigation and Reporting
- Element 11 – Emergency Management
- Element 16 – Training and Certification Review/Audit
- Element 17 – Configuration Management
- Element 18 – Employee and Contractor Safety Program
- Element 21 – Procurement

As a result of this audit, the Audit Team determined that SRML had established a good level of compliance with the SSPP, SEPP and the requirements of system safety and system security. SRML has formally documented most required departmental tasks, processes and procedures. The deparment also has excellent safety and security practices in place, including participation in regular evacuation plan exercises. The level of safety and security awareness for all participating members was also very high. The Audit Team's findings of concern were:

1. SRML satellite storeroom employees who are expected to use the MSDS did not demonstrate sufficient knowledge and understanding of MSDS to be able to address the hazards in their workplace.
2. SRML has not exercised its COOP.

2.5 Revenue (REV) Department – Summary of Audit Results

The audit interview for the above referenced area was scheduled and completed on July 31, 2013. Documentation provided prior to and after the audit interview was reviewed by the Audit Team. Field verifications were conducted of the Revenue Facility and the revenue collection process was observed at various rail stations. MTPD team members assisted in the verification process.

The applicable SSPP areas audited included:

- Element 5 – SSPP Implementation – Tasks and Activities
- Element 6 – Hazard Management Program
- Element 7 – Safety and Security Certification
- Element 9 – Safety Data Acquisition
- Element 10 – Accident/Incident Notification, Investigation and Reporting
- Element 11 – Emergency Management
- Element 13 – Rules and Procedures Compliance and Review
- Element 14 – Facilities and Equipment Inspection
- Element 16 – Training and Certification Review/Audit
- Element 17 – Configuration Management
- Element 18 – Employee and Contractor Safety Program
- Element 19 – Hazardous Materials

The Audit Team determined as a result of this audit that Revenue Department had a high level of compliance with the SSPP, SEPP, and the requirements of system safety and system security. The REV area has formally documented most departmental tasks, processes and procedures in the Revenue Processing and Collection Policy and Procedure Manuals. The Department has excellent safety and security practices in place, including participation in regular Continuity of Operations Plan exercises, excellent quality control practices and excellent communications among management and supervision. The level of safety and security awareness for all participating departmental members was very high. The Audit Team's findings of concern were:

1. Lack of a methodology to ensure documents are controlled and reviewed as required to meet the requirements of 49 CFR 659 and WMATA's SSPP and SEPP.
2. Lack of procedures or SOPs for some required activities.
3. Revenue facility OSHA non-compliances were observed and corrections have been implemented.
4. Accident/injury prevention and Job Safety analysis programs are not fully implemented or performed.
5. RWP and SMS training is needed, the training matrix is not yet complete, some areas of retraining are not documented and OJT training is not fully documented.

2.6   Rail Operations Scheduling Department (ROSC) – Summary of Audit Results

The audit interview for the audit of the Rail Operations Scheduling Department was scheduled and completed on October 29, 2013. Documentation provided prior to and after the audit interview was reviewed by the Audit Team.

The applicable SSPP areas audited included:

- Element 5 – SSPP Implementation – Tasks and Activities
- Element 6 – Hazard Management Program
- Element 9 – Safety Data Acquisition
- Element 11 – Emergency Management
- Element 17 – Configuration Management

The Audit Team determined as a result of this audit that ROSC had established a full level of compliance with the SSPP, SEPP, and the requirements of system safety and system security. ROSC has formally documented all required departmental tasks, processes and procedures. The Department has excellent safety and security practices in place, including participation in regular Continuity of Operations Plan exercises. ROSC employees participate in a fully documented rail scheduling training program. The level of safety and security awareness for the participating departmental representatives was also very high.

APPENDIX A
COMPLETED INTERNAL AUDIT CHECKLISTS

Appendix A – Completed Internal Audit Checklists

<table>
<tr>
<td colspan="6" align="center">WMATA System Safety Program
Internal Safety & Security Audit Report
Auditors: Nichols, Moses, Davis, Davidson, Washington, Biggs, Sensing
Date: November 9, 2012</td>
</tr>
<tr>
<td rowspan="2">Department: Information Technology
Participant: Meyer, Borek</td>
<td colspan="3" align="center">Compliance</td>
<td rowspan="2" align="center">Comments</td>
</tr>
<tr>
<td align="center">1</td>
<td align="center">2</td>
<td align="center">3</td>
</tr>
<tr>
<td>1.   IT Department Policies</td>
<td align="center">X</td>
<td></td>
<td></td>
<td>Recommended developments:
Guide to Information Standards and services for users
Changes to P/Is:
15.1/3 page 2 4.02 A – correct verbiage: delegate to another organization
Investigations 15.1/3 –investigations are conducted by other departments with the support of MITS-include investigations to be headed by MITS
Update 15.1/3 (dated 6/2011) and include appropriate references to 15.17 – 19</td>
</tr>
<tr>
<td>2.   Cloud computing</td>
<td align="center">X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.   Document control of policies & procedures</td>
<td></td>
<td align="center">X</td>
<td></td>
<td>review/update procedure needed for all documentation; P/Is need more frequent review –at least annually</td>
</tr>
<tr>
<td>4.   Change control policy & procedures (configuration management)</td>
<td></td>
<td align="center">X</td>
<td></td>
<td>Manage changes to the established baseline in a secure manner. SEE P/I & 8200.2, p/57
Document: Change Control Charter 5/2009 – need to document all minutes/change request(s); no safety representation on CCB</td>
</tr>
<tr>
<td>5.   Approval process for all documentation</td>
<td></td>
<td align="center">X</td>
<td></td>
<td>Not reviewed by safety or MTPD</td>
</tr>
<tr>
<td>6.   Systems Configuration & Hierarchies Documentation</td>
<td></td>
<td align="center">X</td>
<td></td>
<td>Where are master authoritative network diagrams that record current network configuration along with all major applications used with the organization.
SCADA</td>
</tr>
<tr>
<td>7.   Internal Controls Policies/SOPs</td>
<td></td>
<td align="center">X</td>
<td></td>
<td>Audits of IT system & access (PCI, OIG, FTA)
No methodology currently documented for internal audits & scans of IT system.
External Connectivity – P/I 15.9 – says connectivity is validated quarterly - needs to be documented</td>
</tr>
<tr>
<td>8.   SOPs for vendor/contractor audits of quality & security, documentation, etc.</td>
<td></td>
<td align="center">X</td>
<td></td>
<td>Vendor review process is not documented</td>
</tr>
<tr>
<td>9.   Security sensitive (national security/JTFF, etc.) information compartmentalized per CNSS standard</td>
<td></td>
<td align="center">X</td>
<td></td>
<td>15.9 – 5.06 (d) No encryption?
15.12 – says SSI must be encrypted – how do users access encryption? Recommend compartmentalization of National Security Information</td>
</tr>
<tr>
<td>10.   Review and approval of vendor/contractor security & quality programs (external QA/QI/QC)</td>
<td align="center">X</td>
<td></td>
<td></td>
<td>Background checks performed by MTPD. Need to identify positions of trust and ensure that MITS has either input into review process or review/approval of background checks.</td>
</tr>
<tr>
<td>11.   Internal Training policy, programs, procedures & matrix</td>
<td></td>
<td align="center">X</td>
<td></td>
<td>CNSS 4013/14 (COBIT—training standard/)
No overall IT training policy, matrix and procedures. Recommend accepting NICE as standard for cybersecurity (MITS) staff.</td>
</tr>
</table>

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Appendix A – Completed Internal Audit Checklists

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<tr><td>1</td><td>2</td><td>3</td></tr>
<tr><td>12. System user Training programs, policies, procedures, documentation</td><td>X</td><td></td><td></td><td></td></tr>
<tr><td>13. Management SOPs or Methodologies</td><td>X</td><td></td><td></td><td>Access and use P/I: 15.1/3, 15.3/2; Methodologies (basic 15.2/0);</td></tr>
<tr><td>14. Data Integrity Policies & Procedures</td><td>X</td><td></td><td></td><td>There is a process in place, which ensures that only true and validated data is posted to the IT system. A data integrity review process prevents incorrect data from being entered into the IT system(s)
P/I 15.1/3 – requires departments to ensure data integrity on a "periodic basis."</td></tr>
<tr><td>15. Safety & Security Certification; acquisition methodologies & SOPs</td><td></td><td>X</td><td></td><td>ISSE (Information Systems Security Engineering) employed in acquisition process;
Safety/security critical software identified – need to create
End user processes
Project management SOPs/policy/plan
Design and testing plan & procedures
Life cycle management not currently integrated into all aspects IT
Disposal of electronic equipment and devices so they cannot be mined – logs
IT uses COBIT-aligned IT Governance process-notebook entitled Governing IT Projects for project management-uses
"Readiness Review"—need to review completed projects more oversight for correct implementation of readiness review</td></tr>
<tr><td>16. SOPs
  a. Replacement/OEM/Aftermarket
  b. Asset updates</td><td></td><td>X</td><td></td><td>Configuration Management – will be covered in the Risk Management Program once developed-18 months
  ✓ A vulnerability management process exists for updating IT assets needs to be implemented</td></tr>
<tr><td>b. Security Programs:
  1. Username/pw, CNSS, NIST, NSPD-54/HSPD-23 – CNCI, NIAP (currently most are in update); other standards
  2. Employee background checks: updates
  3. Information Assurance Controls
  4. FOUO/Sensitive Compartmented Information (MTPD)
  5. Risk Assessment: Security needs and capabilities assessments, vulnerability management
  6. Physical security and access control
     VPN, wireless, offsite</td><td>X</td><td></td><td></td><td></td></tr>
</table>

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WMATA Internal Safety & Security Audit Report

The ISSA program is conducted in compliance with 49 CFR 659.19(l), the Tri-State Oversight Committee (TOC) Program Standard & Procedures (PSP) Section 6.1 Internal Safety and Security Audits and the TOC MOU Paragraph 13 and WMATA SSPP 12.1 through 12.3.7.

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<tr><td>1</td><td>2</td><td>3</td></tr>
<tr><td>c. Loss Prevention Programs</td><td>X</td><td></td><td></td><td colspan="2"></td></tr>
<tr><td>d. QA programs, including end-user feedback</td><td>X</td><td></td><td></td><td colspan="2"></td></tr>
<tr><td>e. Software & Hardware certification programs</td><td></td><td>X</td><td></td><td colspan="2">Risk Management Program needed (18 months)</td></tr>
<tr><td>f. Compatibility & Reliability Studies</td><td></td><td>X</td><td></td><td colspan="2">Physical/operating environment studies, interoperability of higher, 3rd party applications, application impact assessment, voltage requirements & regulation</td></tr>
<tr><td>g. Contingency plans for system failures (partial or total); disaster & recovery planning</td><td></td><td>X</td><td></td><td colspan="2">Disaster Recovery Plan – COOP needs updating and additional information, all mission critical systems need to be identified fully and accounted for in COOP, including SCADA
UPS, generators, restoration points, master switch-need power assessment
No SOPs for Metro Enterprise Management Center (MEMC) at Disaster Recovery Center
Testing of DRC fire override system should be performed annually as part of COOP or other exercise.</td></tr>
<tr><td>h. Maintainability programs, including life-cycle program planning & equipment replacement/rehabilitation programs</td><td></td><td>X</td><td></td><td colspan="2">Maintenance Support
P/I 8.5/1 Installation of electronic equipment needs to be developed as P/I 15.2
No SOP for disposal/Degaussing of data
No comprehensive policy and procedure for all applications was submitted for verification</td></tr>
<tr><td>17. Mission-Critical Software/processes lists (Key Assets)</td><td></td><td>X</td><td></td><td colspan="2">Safety, security critical systems
Identification of essential functions & levels of security required (begun in COOP-not completed)
SCADAs</td></tr>
<tr><td>18. Virus identification & protection programs, 0 Day incident reporting process</td><td>X</td><td></td><td></td><td colspan="2"></td></tr>
<tr><td>19. SOPs for coordination with Safety</td><td></td><td>X</td><td></td><td colspan="2">Safety does not review internal procedures</td></tr>
<tr><td>20. SOPs for coordination with MTPD</td><td>X</td><td></td><td></td><td colspan="2"></td></tr>
<tr><td>21. SOPs for coordination with all other departments</td><td>X</td><td></td><td></td><td colspan="2"></td></tr>
<tr><td></td><td></td><td></td><td></td><td colspan="2"></td></tr>
</table>

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WMATA Internal Safety & Security Audit Report
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February 1, 2014   **A – 4**

Appendix A – Completed Internal Audit Checklists

	Compliance			
WMATA System Safety Program **Internal Safety & Security Audit Program** Auditors: Curtis Moses, Elisa Nichols, Hakim Davis, Daryl Sensenig Date: March 11, 2013				
Department: PREL Participants: Lynn Bowersox, Mark Arnold, Dan Stessel, Brett Tyler	Compliance 1	 2	 3	Comments
1. Media/Info Control Plan/Policy	X			Management methodologies. (See PREL Plans and procedures document)
a. Review/update procedures (doc control & configuration management)	X			(See PREL Plans and procedures document)
b. Media/public information plan for contingencies, emergencies & special events	X			Hazard management protocols. (See Emergency Public Information Operation plan section 5)
c. Internal coordination	X			Interdepartmental Coordination: Safety, Rail Transportation, Customer Service, MTPD. (See Emergency Public Information Operation plan section 3)
d. External coordination for media/public information, documentation, SOPs	X			Interagency Coordination SOPs, protocols(See Emergency Public Information Operation plan section 4)
e. Supporting Standard Operating Procedures	X			See procedures pages 181-224
2. Training	X			Training Policy/SOPs, training matrix. (See PREL Plans and procedures document)
3. I/I Coordination SOPs & protocols	X			COOP plan, (See Emergency Public Information Operation plan section 2)

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WMATA Internal Safety & Security Audit Report

The ISSA program is conducted in compliance with 49 CFR 659.19(l), the Tri-State Oversight Committee (TOC) Program Standard & Procedures (PSP) Section 6.1 Internal Safety and Security Audits and the TOC MOU Paragraph 13 and WMATA SSPP 12.1 through 12.3.7.

February 1, 2014   **A – 5**

Appendix A – Completed Internal Audit Checklists

WMATA System Safety Program Internal Safety & Security Audit Program Auditors: Moses, Nichols, McCoy, Biggs, Washington Date: April 19, 2013				
Department: PRMT **Participants: Obora, Edwards, Jackson**	**Compliance**			**Comments**
	1	**2**	**3**	
1. Procurement Policy & SOPs; Management SOPs/Methodologies	X			See Procurement Procedure Manual (PPM) pg 15-16 & 27
2. Procurement policies and procedures on FTA-compliant drug and alcohol programs	X			PPM pg 81
3. Document control of policies & procedures; review/update procedure for all documentation	X			PPM page 1
4. SOPs for coordination & end user approval process for operations, maintenance, training, etc.	X			PPM various sections.
5. Safety-critical parts, processes, items list	X			Contracting officer duties -PPM pg 76
6. Safety certification program, policies and procedures established			X	CENI&CENV TASKS
7. SOPs for vendor audits of quality & safety, documentation, etc.	X			Contracting officer duties -PPM pg 76 & IFB PPM pg 105
8. SOPs for coordination with Engineering for OEM/aftermarket/equipment fabrication			X	CENV/CENI
9. Review and approval of vendor safety & quality programs (external QA/QI/QC)	X			Contracting officer duties -PPM pg 16 & QA process PPM pg 261-264
10. Training policy, programs, procedures & matrix	X			Documentation of programs & training in order

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WMATA Internal Safety & Security Audit Report
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February 1, 2014   **A – 6**

Appendix A – Completed Internal Audit Checklists

<table>
<tr><td colspan="5">WMATA System Safety Program
Internal Safety & Security Audit Program
Auditors: Moses, Nichols, McCoy, Biggs, Washington
Date: April 19, 2013</td></tr>
<tr><td rowspan="2">Department: PRMT
Participants: Obora, Edwards, Jackson</td><td colspan="3">Compliance</td><td rowspan="2">Comments</td></tr>
<tr><td>1</td><td>2</td><td>3</td></tr>
<tr><td>11. SOPs for Coordination with Safety Dept. on purchases
  a. PPE, hazmats
  b. Waste Management-EMIH
  c. End user approval process
  d. OEM/aftermarket/fabrication
  e. QA</td><td>X</td><td></td><td></td><td>PPM various
Supplier shipping and delivery requirements – QAAW SOP 113-19

Safety provides specifications for all of these and coordinates through policy & procedures</td></tr>
<tr><td>12. SOPs for review of all documentation by SAFE & MTPD</td><td>X</td><td></td><td></td><td>Preface PPM pg 1</td></tr>
<tr><td>13. Emergency purchase procedures</td><td>X</td><td></td><td></td><td>PPM pg 151</td></tr>
<tr><td>14. Internal Controls policy, program and procedures</td><td>X</td><td></td><td></td><td>Internal QA – field verified</td></tr>
<tr><td>15. Change control procedures for all programs and documentation</td><td>X</td><td></td><td></td><td>PPM</td></tr>
<tr><td>16. Capital programs policies & procedures
  a. Life-cycle programs
  b. Station rehab
  c. Vehicle overhauls
  d. Maintainability studies</td><td>X</td><td></td><td></td><td>A: BID EVAL SECT A PPM pg115
B: PPM pg 154-155
C: PPM pg 154
D: PPM pg 261</td></tr>
<tr><td>17. Vendor training program review & approval SOPs</td><td>X</td><td></td><td></td><td></td></tr>
</table>

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WMATA Internal Safety & Security Audit Report

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February 1, 2014   **A – 7**

Appendix A – Completed Internal Audit Checklists

WMATA System Safety Program Internal Safety & Security Audit Program Auditors: Moses, Nichols, Washington, Biggs Date: April 19, 2013				
Department: SRML Participants: Lopez, Asres, Mitchell, Beal, Williams	**Compliance**			**Comments**
	1	2	3	
18. Materials Management Policy/SOPs	X			Safety critical supply chain maintained p.31- SRML SOP Material logistics. SRML SOP Storeroom. SRML SOP manual. Section 2.4; all items are safety-critical
19. Document control of policies & procedures	X			SRML document control policy. Add annual review SRML SOP manual pg. 99 and Document control policy
20. Shelf life policy	X			Shelf life procedure. SRML shelf life policy
21. Training policy, programs, procedures	X			Personnel training presentation SRML personnel training presentation. SRML SOP manual pg. 11 Training QA process described & facility inspection includes employee assessments.
a. training matrix	X			Operational Training document. Training participation confirmation document. OSHA training. SRML Operational training document forklift.
b. OJT documented	X			Personnel training presentation. SRML Operational training document.
22. Management SOPs		X		SRML document control policy. Facility inspection procedure. Telephone and email messages. SRML SOP manual pg. 55-56 SRML org chart, SRML management methodology, Inventory Counts supervisor duties.
23. Policy & SOPs for internal QA/QI/QC				Facility inspection procedure. Inventory counts. SRML SOP manual pg. 37.
a. Checklists generated for quality inspections of equipment, parts, etc.	X			Monthly facility inspection form. SRML SOP manual pg. 123.
b. Schedules and SOPs established for inspections & audits	X			Chemical spill inspection. Facility inspection procedure.
c. QA reports generated & document control established, including sign-off & distribution	X			Internal control. SRML SOP p. 25
d. SOPs for Coordination & participation with Safety Department in QA process	X			Chemical spill notification inspection/hazmat acquisition/ PPE acquisition/facility inspections, accidents & incidents, safety certification, Hazcomm.
e. FAI processes established	X			QAAW /SRML FAI procedure
f. SOP for coordination for end users for FAI			X	QAAW
24. Internal Controls policy, program and procedures	X			Key control policy. Handling compressed gas procedure. Issuing stock procedure. SRML SOP Storeroom, audits
25. Checklists and forms for Materials Management	X			Facility inspection form, logs, other forms. SRML SOP manual pg. 111

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Appendix A – Completed Internal Audit Checklists

WMATA System Safety Program Internal Safety & Security Audit Program Auditors: Moses, Nichols, Davis, Sensenig Date: April 19, 2013				
Department: SRML **Participants: Lopez, Asres, Mitchell,** **Beal, Williams**	Compliance			**Comments**
	1	**2**	**3**	
26. SOPs for Coordination with Safety Dept.	X			SRML SOP manual pg. 20,107-122, LSC meetings
a. PPE, Hazmats	X			Chemical Spill notification. SRML SOP manual pg. 107-122
b. Waste Management	X			SRML SOP manual pg. 112-122, Liquid Waste disposal process.
c. End user approval process	X			Involvement of safety in the procurement & storage of materials;
27. Security programs & procedures for warehousing, materials management & distribution	X			Key control policy. Handling compressed gas. Transfer stock from SR 400 to satellite. Issuing stock. Handling train parts. MAXIMO procedure. SRML SOP manual pg. 13. Fundamental role of Storeroom personnel presentation. Missing material- SRML SOP manual pg. 14.
28. Salvage procedures	X			Shelf life procedure. SRML SOP manual pg. 12 section 9.2.7
29. Tagging procedure	X			SRML SOP manual pg. 17
30. Disposal procedures	X			Obsolete items in item master document.
31. Loss prevention program & procedures	X			Key control policy. Inventory counts. Personnel training presentation. SRML SOP manual pg. 13 Reporting to MTPD 1.4 12
32. Vendor training program review & approval SOPs			X	CENI-IRPG
33. Toolbox/safety meeting	X			
34. Incident Accident procedure, corrective actions	X			SRML SOP manual pg. 107 "Spill response"
35. Fire/life safety inspections	X			Checklists, Safety audits.
36. Facilities Emergency Plan	X			Evacuation plan including satellites.
37. COOP		X		Needs to be established
38. Satellite facilities MSDS		X		Field observations concluded that the staff did not demonstrate adequate knowledge and the books were not updated.

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WMATA Internal Safety & Security Audit Report

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February 1, 2014   **A – 9**

Appendix A – Completed Internal Audit Checklists

<table>
<tr>
<td colspan="5">WMATA System Safety Program
Internal Safety & Security Audit Program
Auditors: Moses, Davidson, Nichols
Date: 7/31/13</td>
</tr>
<tr>
<td rowspan="2">Department: <u>Revenue TRES</u>
Participants: Talbert, Johnson</td>
<td colspan="3">Compliance</td>
<td rowspan="2">Comments</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I.   Departmental Policy and procedure established for:
1.   Policies and procedures established for revenue control policies and procedures</td>
<td>X</td>
<td></td>
<td></td>
<td>Rev Collection PP manual. Rev Processing PP manual, PPE policy memo and Equipment maintenance & Repair Manual</td>
</tr>
<tr>
<td>2.   Bonded employees for handling or controlling revenues</td>
<td>X</td>
<td></td>
<td></td>
<td>Chartis liability insurance is used in lieu of bonding to meet FTA requirement for all employees that handle cash.</td>
</tr>
<tr>
<td>3.   Limited access to processing areas</td>
<td>X</td>
<td></td>
<td></td>
<td>Rev Processing PP manual pg4.</td>
</tr>
<tr>
<td>4.   Access events to processing area reviewed and audited</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.   Internal Controls</td>
<td>X</td>
<td></td>
<td></td>
<td>Mgmt and supt SOPs. Compliance audits. Vault audits. Coin room random audit. Imprest fund audits. Supervisor inspections.</td>
</tr>
<tr>
<td>6.   Revenue transaction responsibilities clearly defined and assigned to the appropriate transit system personnel</td>
<td>X</td>
<td></td>
<td></td>
<td>Rev Collection PP manual pg. Rev Processing PP manual pg.</td>
</tr>
<tr>
<td>7.   Employee responsibilities clearly identified and separated in each phase of distribution, collection and sales</td>
<td>X</td>
<td></td>
<td></td>
<td>Rev Collection PP manual pg. Rev Processing PP manual pg.</td>
</tr>
<tr>
<td>a. Maintenance employees</td>
<td></td>
<td>X</td>
<td></td>
<td>Equipment Maintenance & Repair Manual does not cover all SOPs for the Maintenance Engineer position</td>
</tr>
<tr>
<td>8.   Independent comprehensive evaluation of revenue handling procedures</td>
<td>X</td>
<td></td>
<td></td>
<td>SSPP sect 12--ISSA audits are independent audits. IG audits are also performed on an irregular basis.</td>
</tr>
<tr>
<td>9.   Monitoring fare media</td>
<td>X</td>
<td></td>
<td></td>
<td>Fare media Services Policy and Procedures. Need SOP for interdepartmental coordination with MTPD for Fare Media discrepancies—see VI 2 a.</td>
</tr>
<tr>
<td>10.   Vacation & leave policy</td>
<td>X</td>
<td></td>
<td></td>
<td>Rev Collection PP manual pg. Local 689 leave policy covers represented employees.</td>
</tr>
<tr>
<td>11.   Prospective employees who would be involved in revenue transactions pre-screened for prior conviction records of theft, embezzlement, and/or fraud</td>
<td>X</td>
<td></td>
<td></td>
<td>Rev Collection PP manual pg4, 18. All Revenue employees are covered by hiring process it is covered by WMATA P/I.</td>
</tr>
<tr>
<td>12.   Are there written discipline policies for employees not following established revenue handling procedures, e.g. mishandling and misappropriation</td>
<td>X</td>
<td></td>
<td></td>
<td>Rev Collection PP manual pg17. Staff Notice 2012-AA0 sect 8.2 defines for dress code and bag.</td>
</tr>
<tr>
<td>a. Revenue processing employee</td>
<td>X</td>
<td></td>
<td></td>
<td>Discipline policy per labor agreement.</td>
</tr>
</table>

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Appendix A – Completed Internal Audit Checklists

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Internal Safety & Security Audit Program
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<tr><td rowspan="2">Department: <u>Revenue TRES</u>
Participants: Talbert, Johnson</td><td colspan="3" align="center">Compliance</td><td rowspan="2" colspan="2" align="center">Comments</td></tr>
<tr><td>1</td><td>2</td><td>3</td></tr>
<tr><td>13. Contractors required to provide appropriate insurance and employee bonds to cover the risk of loss</td><td>X</td><td></td><td></td><td colspan="2">Garda –does have employee bonding per contract requirement.</td></tr>
<tr><td>14. Revenue equipment designed to record ridership information</td><td>X</td><td></td><td></td><td colspan="2"></td></tr>
<tr><td>15. Removal of revenues from the fare vending machines & parking meters by two revenue persons prior to maintenance being conducted</td><td>X</td><td></td><td></td><td colspan="2">Rev Collection PP manual pg10, 12, 13.</td></tr>
<tr><td>16. Written policy regarding how the employee should handle invalid fare media instruments</td><td>X</td><td></td><td></td><td colspan="2">Counterfeits
Damaged media is covered by Management Control Section of Processing Manual.</td></tr>
<tr><td>17. SOPs to reconcile cash collected and media sold</td><td>X</td><td></td><td></td><td colspan="2">Rail Cash Variance Procedure from Management Control Section of Processing Manual.</td></tr>
<tr><td>18. SOPs for fare collection/parking meter equipment malfunctions</td><td>X</td><td></td><td></td><td colspan="2">Rev Collection PP manual pg12, 14</td></tr>
<tr><td>19. Revenue data extracted from collection devices at the time of revenue extraction</td><td>X</td><td></td><td></td><td colspan="2">Memorandum dated July 22nd, Revenue Collections Procedure Manual, P. 8</td></tr>
<tr><td>20. Revenue handling procedures for cash specified in writing</td><td>X</td><td></td><td></td><td colspan="2">Rev Process manual sect 1.2 and 1.3</td></tr>
<tr><td>21. Daily revenue counts reconciled to daily revenue statistics</td><td>X</td><td></td><td></td><td colspan="2">Management Control Section of Processing Manual.</td></tr>
<tr><td>22. Revenue deposited daily into a bank</td><td>X</td><td></td><td></td><td colspan="2">Rev Process manual sect 1.4</td></tr>
<tr><td>23. Used fare media destroyed after counting and processing</td><td>X</td><td></td><td></td><td colspan="2">Fare Media Policy and Procedures</td></tr>
<tr><td>24. Written policy for refunding money for tickets, passes, transfers and tokens</td><td>X</td><td></td><td></td><td colspan="2">Fare Media Policy and Procedures section 1.7</td></tr>
<tr><td>25. Revenue collected at frequent intervals</td><td>X</td><td></td><td></td><td colspan="2">Revenue Collections Policy Page 4, need tour schedule</td></tr>
<tr><td>26. Daily deposit ticket for revenues reconciled with the revenue count made by the bank</td><td>X</td><td></td><td></td><td colspan="2">Rev Process manual sect 1.4, Vault activity Summary report is reconciled against deposit tickets by Manager</td></tr>
</table>

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Appendix A – Completed Internal Audit Checklists

WMATA System Safety Program Internal Safety & Security Audit Program Auditors: Moses, Davidson, Nichols Date: 7/31/13				
Department: Revenue TRES **Participants: Talbert, Johnson**	**Compliance**			**Comments**
	1	2	3	
27. PCI (payment card industry) SOPs	X			PCI SOPs are owned by IT; audited externally & CAPs addressed by IT
28. Commuter Benefits	X			Fare Media Policy
29. Personal check handling procedures and policies	X			Handling SOPs are in Fare Media Policy;
30. Fare evasion SOPs			X	MTPD is responsible per SEPP & GOs
31. Supervision SOPs & QA programs	X			Supervisor duties SOPs, Revenue Processing Manual
a. Coin room supervisors		X		Need to document retraining/counseling of employees as a result of audits and observations.
b. Field relief	X			Document field relief process for Revenue Collection.
32. Management Methodologies	X			Rev. Processing Manual
33. Contractor management & oversight	X			GARDA contract SOW
34. Drug & Alcohol compliance program	X			Pre-employment is done by HR
35. SOP on SOPs		X		
36. Safety, MTPD review of all SOPs, programs, policy		X		
37. Document control		X		
38. Configuration management		X		
39. Vendor policies & procedures	X			
II. Training 1. Fare Collection/revenue/treasury training policy & programs documented	X			Training Manuals, & Policy/Procedure Manuals.; Need to document training programs provided for maintenance engineers.
2. Employees involved in revenue transactions trained in specific revenue handling procedures as well as functions for which they are specifically responsible		X		Training Manuals. Retraining is not documented
3. Specific crime prevention training programs provided for employees responsible for revenue functions, especially those who interact with the public	X			Training Manuals
4. Contractor training	X			Visitor Log SOP-field verified

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Appendix A – Completed Internal Audit Checklists

	WMATA System Safety Program Internal Safety & Security Audit Program Auditors: Moses, Davidson, Nichols Date: 7/31/13			
Department: Revenue TRES **Participants: Talbert, Johnson**	Compliance			Comments
	1	2	3	
5. OJT		X		No training assessment forms are provided to trainees. OJT is performed by Senior staff but not documented
6. Other training		X		Expand matrix to include all positions requiring training & add SMS training requirements
7. Coordination with Safety & MTPD for training program review		X		Need to add to Config Mgmt procedure
III. Physical Security 1. Keys to fare collection/parking equipment and cash handling machines and other unique fare collection equipment controlled through a sign-out/sign-in procedure	X			Rev Collection PP manual pg8. Key control policy. P/I 11.4/1 Field verified
2. Inventory and use of security key blanks secured, monitored and inventoried on a regular scheduled basis	X			Rev Collection PP manual pg8. Key control policy. P/I 11.4/1 Field verify
3. Employees required to present all pieces of broken keys prior to replacement	X			Rev Collection PP manual pg8. P/I 11.4/1
4. All keys accounted for at each change of shift and controlled.	X			Rev Collection PP manual pg8. Key control policy. P/I 11.4/1 Field verified
5. Keys assigned and controlled according to job functions	X			Rev Collection PP manual pg8. P/I 11.4/1 field verified
6. Revenue secured from direct handling during the vault/cash collection process	X			Bagging procedure 1.2. Rev Processing manual sect 1.4. Field verified
7. Revenue stored in a locked and secure location prior to counting	X			Fare collection & processing manual sect 3.3 and 3.4. Field verified.
8. Revenues counted in a secure room with at least two revenue personnel present at all times	X			Revenue Processing Manual. pp. 10, 12, 13 Field verified
9. Access to the counting room limited to authorized persons	X			2012-AAO Staff notice field verified
10. Unannounced audits or inspections made periodically of the counting room	X			Rev Processing PP manual pg14.

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February 1, 2014   **A – 13**

Appendix A – Completed Internal Audit Checklists

WMATA System Safety Program Internal Safety & Security Audit Program Auditors: Moses, Davidson, Nichols Date: 7/31/13				
Department: Revenue TRES **Participants: Talbert, Johnson**	Compliance			**Comments**
	1	2	3	
11. Counting room alarms, cameras and access events monitored by off-site personnel			X	Performed by Revenue MTPD.
12. Counting room camera angles hidden from persons under observation	X			Field verified
13. Counting room security codes and combinations changed regularly	X			Access control by PLNT
14. Counting room employees forbidden from bringing personal items into the counting room	X			2012-AAO Staff Notice. "Bag" policy Field verified
15. Counting room employees wear pocket less clothing	X			Rev Processing PP manual pg18. 2012-AAO Staff Notice Field verified
16. Money bags and canisters sealed prior to deposit	X			Same as vault and bagging process. Field verified
17. Bag seals secured with numbers assigned to each deposit and reconciled to seal inventory	X			Same as vault and bagging process. Field verified
18. Revenues transferred to the bank using a secure, bonded form of transportation, e.g. armored vehicle	X			Rev Processing PP manual pg. 7.
19. Daily deposit ticket for revenues written by a person different than the one transporting the revenues	X			Rev Processing PP manual pg7.
20. Vandalism policy & SOPs	X			Revenue Collection Manual.
21. Money spills	X			Rev Collection PP manual pg. 14.
22. Discrepancy investigation procedure	X			Rev Processing manual sect 1.13 and Rev Collection manual.
23. Security incident review/committee	X			Local Safety Committee-MSRPH section 1
IV. Emergency Preparedness 1. Departmental COOP/disaster recovery plan • Supporting SOPs • Exercises/training	X			COOP drill completed. OEM completed A.A.R. 7/15/2013.
2. Power/communications (IT) failure		X		Procedures for IT failures need to be developed concurrently with IT

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Participants: Talbert, Johnson</td><td colspan="3" align="center">Compliance</td><td rowspan="2" align="center">Comments</td></tr>
<tr><td>1</td><td>2</td><td>3</td></tr>
<tr><td>3. Contingency plans for security threats
    • Bomb threat
    • Hostage
    • Active Shooter
    • Field incidents (Parking)</td><td>X</td><td></td><td></td><td>Evacuation plan covers Bomb.
MTPD procedures cover other situations through General Orders.</td></tr>
<tr><td>4. Emergency evacuation procedures</td><td>X</td><td></td><td></td><td>Evacuation plan. Drills held by MTPD.</td></tr>
<tr><td>V. Safety & Security Certification/System Modification
1. End-user input into acquisition process</td><td>X</td><td></td><td></td><td>Manager, Revenue Processing manual.</td></tr>
<tr><td>2. Facilities security design</td><td>X</td><td></td><td></td><td>CPTED through SEPP</td></tr>
<tr><td>VI. Interdepartmental/Interagency Coordination
1. Safety Department
    • Procedure/policy/process reviews
    • Other</td><td></td><td>X</td><td></td><td>Recommend to add to Config Mgmt policy</td></tr>
<tr><td>2. MTPD</td><td>X</td><td></td><td></td><td>Key control policy.</td></tr>
<tr><td>3. Transportation/Operations</td><td>X</td><td></td><td></td><td>Money Train procedures.</td></tr>
<tr><td>4. Maintenance</td><td></td><td>X</td><td></td><td>Procedures for AFC, COMM, PLNT, ROCC, CMNT – document coordination with MOC</td></tr>
<tr><td>5. IT</td><td></td><td>X</td><td></td><td>Need SOPs for all interactions with IT.</td></tr>
<tr><td>VII. Employee Safety
1. Safety Committee</td><td>X</td><td></td><td></td><td>LSC – MSRPH Section 1</td></tr>
<tr><td>2. Hazmat</td><td>X</td><td></td><td></td><td>Training matrix. MSDS policy. Field verified.</td></tr>
<tr><td>3. PPE</td><td>X</td><td></td><td></td><td>Rev maintenance repair policy, PPE policy memo.</td></tr>
<tr><td>4. Job Safety Analysis/Occupational hazard program</td><td></td><td>X</td><td></td><td>Not currently performed</td></tr>
<tr><td>5. Accident/injury investigation</td><td></td><td>X</td><td></td><td>SMS not yet implemented; staff not yet fully trained.</td></tr>
<tr><td>6. Accident/Injury prevention programs</td><td></td><td>X</td><td></td><td></td></tr>
<tr><td>7. Hazard and safety concern reporting SOPs</td><td></td><td>X</td><td></td><td>MOC interaction not documented – see VI 4.</td></tr>
<tr><td>8. Safety Briefings</td><td>X</td><td></td><td></td><td>Morning Huddle safety conversation conducted; Monthly Staff meeting safety topic as per sign in sheets.</td></tr>
<tr><td>9. Proper ventilation for equipment repair room</td><td>X</td><td></td><td></td><td>Field verified.</td></tr>
<tr><td>10. ROW safety</td><td></td><td>X</td><td></td><td>All employees in processing area need to receive training in ROW safety.</td></tr>
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February 1, 2014   **A – 15**

Appendix A – Completed Internal Audit Checklists

WMATA System Safety Program Internal Safety & Security Audit Report Auditors: Moses, Nichols, Washington, Sensenig Date of Audit: 10-29-13				
Department: Rail Scheduling & Planning Participants: Juanita Freeburger	Compliance 1	2	3	Comments
1. Rail Scheduling& Planning Policy document	X			OAP 101-02
a. Review/update procedures (doc control & configuration management)	X			OAP 101-02
b. Rail Scheduling/Planning SOPs for contingencies, emergencies & special events	X			Checklist, OAP 101-02
c. Supporting Standard Operating Procedures	X			OAP 101-02
d. Coordination with Safety Dept.; documentation, SOPs	X			OAP 101-02
e. External coordination for scheduling/planning, documentation, SOPs	X			Communications Flowchart/Matrix
2. Training a. Documented required training program/position	X			OAP 101-02, training completion documentation
b. Training Policy	X			OAP 101-02
c. Training SOPs	X			OAP 101-02
3. I/I Coordination SOPs & protocols	X			Communications Flowchart/Matrix
a. Interdepartmental Coordination: Safety, Rail Transportation, Maintenance, MTPD	X			Communications Flowchart/Matrix
b. Interagency Coordination SOPs, protocols	X			Communications Flowchart/Matrix
4. Hazard Identification: SOPs, documentation	X			OAP 101-02
5. Management methodologies	X			OAP 101-02

1 = Compliance 2 = Non=compliance 3 = Unable to Audit

WMATA Internal Safety & Security Audit Report
The ISSA program is conducted in compliance with 49 CFR 659.19(l), the Tri-State Oversight Committee (TOC) Program Standard & Procedures (PSP) Section 6.1 Internal Safety and Security Audits and the TOC MOU Paragraph 13 and WMATA SSPP 12.1 through 12.3.7.

Appendix B
Corrective Action Plans to
Address Internal Audit Findings

CAP #	Finding/Area of Concern	Corrective Action	Date Due	Dept. & Staff Responsible	HA
IT2	SCADA systems are not properly identified as SCADA, and are compartmentalized SCADA systems: 1. TIES SCADA; a. ELES (This system must be maintained and monitored separately to conform to federal law) b. AIM, including Automatic Train Control, in train control rooms, ROCS; and Power management and distribution c. Advanced energy d. ADT alarm and security camera system 2. PLNT SCADA system—control energy management (Lighting at stations & facilities) 3. PIDS (currently protected fully through MITS)	Ensure proper identification of all SCADA systems, and consolidation of their security through MITS. The audit team recommends this be accomplished through the following steps: 1. Development of thorough and detailed interdepartmental procedures for coordination of efforts for SCADA. 2. Documentation of all SCADA activities on an open log (can be accessed by both the users and MITS) with the exception of protected operational activities only for ELES--all user activities should be logged for review by MITS. 3. Ongoing and open discussion of security issues on the SCADA systems for users and MITS.	09/30/13 **AGM/CIO making request for extension to GM/GEO to extend until 6/30/14.** **TOC agreed to extension with GM/CEO approval**	IT- Borek TIES-Rob Troup MITS-Adam Meyer	2B
IT7	IT does not currently comply with the WMATA Safety and Security Certification program	a. Ensure that Safety & security critical software is fully identified and documented b. Ensure that a design and testing plan & procedures are fully documented c. Ensure that a fully documented disposal plan for sensitive electronic equipment and devices is developed and implemented to ensure that the equipment cannot be mined. d. Ensure that Life Cycle management is integrated into all aspects of IT operations and management. A life-cycle program plan should be in place for all major acquisitions. e. Vulnerabilities in acquisition must be managed through an appropriate Risk Management Program.	06/30/14	IT - Borek	3B
IT8	The use of physical keys is not properly controlled in IT	A formal documented process specific to the IT department's needs and expectations of its employees for physical key control is required. This policy and procedure should include return of keys when they are no longer needed to perform the employee's duties, even if the employee is still employed at WMATA.	06/30/13 **Closed by SAFE on 12/31/13**	IT - Borek	2C

CAP #	Finding/Area of Concern	Corrective Action	Date Due	Dept. & Staff Responsible	HA
IT9	IT does not currently have a documented training policy, procedures or matrix for its employees. In the past, the COBIT standard has been used as a guidance document, but the publication of the NIST's NICE has provided superior guidance for cyber security training.	IT should develop a full documented training program to address training and education needs throughout the department for all positions, supported with procedures and a training matrix. The NICE standard for NIST is excellent to govern IT security training requirements. Other operational and functional areas should have identified training requirements or standards to meet requirements of the Training Element of the SSPP.	12/31/13 **Closed by SAFE on 12/31/13**	IT - Borek	3C
IT11	IT does not comply with the WMATA SSPP requirements for Configuration Management and Document Control	a. IT must properly document the full configuration of its system, and make appropriate changes in a timely manner when the configuration of its networks, compartments, hardware, firmware and all other aspects of the system change. This process must be governed by Standard operating procedures. b. IT must have SOPs in place for appropriate document control for all internal documents as well as P/Is for which IT has primary responsibility. These SOPs must ensure development, annual review, authorization, maintenance and access of all IT documentation is appropriately managed. c. All documentation must be reviewed by safety/MTPD for compliance with the SSPP and SEPP. Changes to documentation must be provided to SAFE/MTPD per IT SOPs. d. Ensure that compatibility and reliability studies are required in the acquisition process and are properly documented when completed.	6/30/14	IT - Borek	3C

CAP #	Finding/Area of Concern	Corrective Action	Date Due	Dept. & Staff Responsible	HA
IT12	IT does not properly document its internal controls procedures	a. Ensure that internal audits and scans of the IT system and external connectivity validation are performed per existing documentation, are fully documented and have an appropriate methodology in place to guide the processes b Ensure that the checklist used in the daily inspection of the DRS has instructions/SOPs, including for maintenance of the inspection checklists for verification	12/31/13 **Closed by SAFE on 12/31/13**	IT - Borek	2C
IT13	The IT vendor review process is not documented. In particular, Security requirements of the SEPP are not currently ensured in the IT department.	a. Ensure that IT has a documented methodology for review of vendors for quality and security purposes. b. Ensure that positions of trust are identified in the department so that both vendors and employees who hold these positions are appropriately monitored for security purposes.	06/30/14	IT - Borek	3C
IT14	Security Sensitive information (national security/JTTF) can encrypted, but the process of doing so is not transparent to users, and if not used, is in violation of DoJ requirements	All National Security information must be properly protected to ensure compliance with Federal Law. IT should either improve the encryption process so that it can be guaranteed that all information is properly protected, or, preferably, compartmentalize MTPD's IT usage so that it can be protected globally rather than individually.	06/30/14	IT - Borek	2B
IT15	The Continuity of Operations processes not fully documented or exercised in IT	a. The COOP/DRP needs to be updated. b. IT also needs additional information, including full documentation and identification of mission-critical systems, including all SCADA (see IT2 above). c. A power assessment should also be performed to ensure power needs are adequate for the most dire level of disaster anticipated in the COOP assumptions. d. The identification of essential functions and levels of security should be completed in the COOP. e. The COOP should be exercised annually, to include the fire system override in the DRC.	06/30/14	IT - Borek	2C

CAP #	Finding/Area of Concern	Corrective Action	Date Due	Dept. & Staff Responsible	HA
MM5	SRML Management methodologies not formally documented as per SSPP section 12.3.3	Formally document SRML Management Methodologies	12/31/13 **Closed by SAFE on 12/31/13**	SRML Marcel Lopez	3C
MM15	SRML has not conducted a COOP drill.	Ensure that exercises are held annually to train for emergencies.	12/31/13 **Closed by SAFE on 8/20/13**	SRML-Marcel Lopez OEM-R. Bodmer	2C
MM16	Satellite store rooms did not have a documented process for MSDS as required per MSRPH section 1 & 4 and the SSPP section 18.1. The staff did not demonstrate adequate knowledge and understanding of the use of MSDS.	a:Ensure staff fully understand and implement MSDS tasks.	12/31/13 **Closed by SAFE on 12/31/13**	SRML Marcel Lopez	2D

CAP #	Finding/Area of Concern	Corrective Action	Date Due	Dept. & Staff Responsible	HA
Rev9	Configuration Management/Document Control for policies and procedures are not in place for TRES as required within SSPP section 12.3.3.	Develop and implement documented document control for policies and procedures. These can be integrated into existing documents and policies as desired or be stand-alone procedures. They should include review & update procedures, with specified intervals to be no less frequent than annually. Also ensure that review of all documents by SAFE and MTPD for compliance with the SSPP and SEPP are included, and that an SOP on SOPs is in place for internal documentation.	12/31/13 **Closed by SAFE on 12/30/13**	R. Srinath, TRES	3C
Rev22	Training programs and documentation are not fully in place	a. Appropriate revenue collection staff shall receive RWP and SMS training. b. The training matrix requires all positions to be listed with all training requirements, including SMS training requirements c. On-the job training must be fully documented	09/30/14	R. Srinath, TRES	3C
Rev 23	Not all safety-critical tasks and activities are appropriately documented in SOPs	Document SOPs for: a. All interactions with IT, including system failures b. Maintenance Engineer does not cover all of the tasks and activities required for the position c. Document the field relief process for revenue collection teams d. Job safety analyses are not currently performed for the maintenance engineering staff e. Document appropriate interactions with MOC (facilities, comm., etc.)	12/30/14	R. Srinath, TRES	2C

ATTACHMENT 2:
WMATA INTERNAL SAFETY AND SECURITY AUDIT SCHEDULE – OCTOBER 2012 THROUGH SEPTEMBER 2015

WMATA
Internal Safety Audit Schedule
Performance Period: October 1 through September 30
Revision Date: December 31, 2013

Year 1	
Quarter	**Audit Areas**
1 (Oct, Nov, Dec)	IT, RTRA
2 (Jan, Feb, March)	Public Information & Customer Service
3 (April, May, June)	Procurement, Materials
4 (July, Aug, Sep)	Revenue
Year 1 will begin October 1, 2012 and run until September 30, 2013 It will begin again October 1, 2015, and subsequently October 1, 2018	

Year 2	
Quarter	**Audit Areas**
1 (Oct, Nov, Dec)	Rail Scheduling, Training
2 (Jan, Feb, March)	Engineering & Safety/Security Certification, Station Planning, RWP
3 (April, May, June)	PLNT
4 (July, Aug, Sep)	ELES
Year 2 will begin October 1, 2013 and run until September 30, 2014 It will begin again October 1, 2016, and subsequently October 2019	

Year 3	
Quarter	**Audit Areas**
1 (Oct, Nov, Dec)	SMNT (ATC, COMM, AFC)
2 (Jan, Feb, March)	TRST, SMNT (Power)
3 (April, May, June)	CMNT
4 (July, Aug, Sep)	QAAW, Drug and Alcohol
Year 3 will begin October 1, 2014 and run until September 30, 2015 It will begin again October 1, 2017, and subsequently October 1, 2020	

May 7, 2014

Ms. Klara Baryshev
Chair, Tri-State Oversight Committee (TOC)
District Department of Transportation
55 M Street, SE
Washington, DC 20003

RE: WMATA Annual Safety and Security Audit Report and Certification

Dear Ms. Baryshev:

This letter is to serve as an addendum to the Washington Metropolitan Area Transit Authority's (WMATA) 2013 Annual Safety and Security Audit Report which was submitted to the Tri-State Oversight Committee (TOC) on January 14, 2014. As noted in the April 2, 2013 TOC approval letter of the 2012 WMATA Internal Safety and Security Audit (ISSA), WMATA was to supply the results of the audits that were conducted on the Plant Maintenance and Elevator/Escalator Departments in the 2013 report.

Please note both audits were finalized during first quarter of 2013 and the results were provided to the TOC on February 28, 2013. For your convenience we have enclosed copies of both audits. There was a minor delay in completing these audits as the field verification portion of the audits took longer than expected.

The 2012 approval letter also noted the Metro Transit Police (MTPD) and Office of Emergency Management (OEM) audit was not completed. There was some discussion as to whether the Transportation Safety Administration (TSA) BASE would be substituted for the ISSA. A final ruling was never determined. As a result, the ISSA schedule has been revised to include the MTPD/OEM audit which is schedule to take place in September of 2014. A copy of the revised audit schedule is enclosed.

WMATA would like to thank the TOC for your continued oversight, cooperation and support of WMATA's safety and security programs. WMATA remains fully committed to implementing a proactive and effective system safety program in compliance with TOC's Program Standard and Procedures and all other applicable Federal and state regulations and requirements

If you have any additional questions, please contact me or Darren McCoy, Safety Operations Manager, on (202) 962-2844.

Sincerely,

James M. Dougherty, WSO-CSSD
Chief Safety Officer

Enclosures

February 28, 2013

Mr. James Benton
Chair, Tri-State Oversight Committee
Maryland Department of Transportation
7201 Corporate Center Drive
Hanover, MD 21076

Dear Mr. Benton:

As per Section 6.2 of the September 2012 version of the Tri-State Oversight Committee (TOC) Program Standard and Procedures, the Washington Metropolitan Area Transit Authority is providing a final audit report of the Internal Safety and Security Audit, conducted on the Plant Maintenance Department. We have also provided the completed audit checklists, and suggested corrective action plans to address the findings of the audit.

The audit was performed in general accordance with section 12.0 of the WMATA System Safety Program Plan (SSPP) per the requirements defined in 49 CFR Part 659.9 (I). The audit was conducted by Department of Safety and Environmental Management (SAFE) and, Metro Transit Police Department (MTPD) staff and supported by safety consultants currently under contract to SAFE.

If you have any questions, please feel free to contact me personally or have your staff contact Darren McCoy, Safety Data Liaison Officer, on (202) 962-2844.

Sincerely,

James M. Dougherty, WSO-CSSD
Chief Safety Officer

Enclosures

WMATA SAFE INTERNAL SAFETY AND SECURITY AUDIT PROGRAM
Internal Safety & Security Audit Report
January 31, 2013

AREA AUDITED: Facilities Maintenance (PLNT)

DATE OF AUDIT: June 14, 2012 – November 30, 2012

AUDITEES: Randy Grooman, Director of Plant Maintenance
                  Paul Kram, Superintendent PLNT

AUDIT TEAM: Curtis Moses, Lead Safety & Security Auditor
                  Dorsey Adams, Manager, Rail Safety
                  Darren McCoy, Safety Officer
                  Tiffany Washington, Sergeant, MTPD
                  L.M.D.D. Biggs, Lieutenant, MTPD
                  Daryl Sensenig, OEM
                  Elisa Nichols, Safety & Security Auditor (Contractor)
                  Hakim Davis, Corporate Quality Assurance Officer
                  Robert Davidson, Corporate Quality Assurance Officer

EXECUTIVE SUMMARY:

A full compliance safety and security audit was performed for the Facilities Maintenance (PLNT) area per 49 CFR 659. Overall, the level of compliance with the System Safety Program Plan (SSPP), the Security and Emergency Preparedness Program (SEPP) and the requirements of system safety and security standards was good.

The department exhibited good compliance with safety and security requirements, including a high safety awareness and excellent communications and cooperation among management and supervision. PLNT demonstrated a successful functional test of the Forest Glen rail station track deluge system.

Major findings of non-compliance include:

1. Lack of critical documentation of safety- and security-critical maintenance policy, procedures and processes.
2. Insufficient internal controls in place to ensure all requirements are met in all areas, including quality assurance in the field and for administrative processes, including scheduled maintenance adherence criteria.
3. Lack of adherence to OSHA and other industrial safety compliances (welding, confined spaces, BBP, MSDS access in the field)
4. Security-critical deficiencies in documentation, threat and vulnerability countermeasures and training.

The full audit matrix and the Corrective Action Plan for the findings are attached.

NARRATIVE:

The audit interview for the above referenced area was scheduled and completed on October 19, 2012 with the identified auditees. Physical verifications of the Carmen Turner Facility, Navy Yard Rail Station, Congress Heights Rail Station, Bethesda Rail Station, Union Rail Station, New Carrolton Rail Station Parking Garage, Blair Road Facility and Forest Glen Rail Station were conducted. PLNT provided documentation prior to and at the audit interview, which was reviewed by the audit team, as well as requested supplemental documentation provided after the audit interview.

The following elements of the SSPP were applicable in this audit:
5, 6, 7, 8, 9, 10, 11, 13, 14, 17, 18, 19.

The audit team's findings of concern were in the area of development and documentation of policies and procedures, lack of adequate supervision to provide quality assurance oversight and failure to ensure compliance with OSHA regulations and needed improvements in the areas of scheduled maintenance adherence, failure trend analysis, inventory control and loss prevention and housekeeping.

Details of the findings and recommendations for corrective actions and improvements for the above-referenced areas are reflected on the attached Internal Safety and Security Audit Matrix and Corrective Action Plan.

The Corrective Action Plan addresses the findings of concern by the audit team and provides appropriate corrective action.

The audit team and the entire SAFE department will be providing support and guidance to assist the PLNT department in meeting its obligations under this ISSA. PLNT is encouraged and advised to contact SAFE whenever support or guidance is needed regarding this audit.

Distribution:

GM/CEO	Richard Sarles
PLNT	Randy Grooman
	Paul Kram
SAFE	Louis Brown
	Darren McCoy
	Dorsey Adams
	Curtis Moses
	Hakim Davis
	Robert Davidson
	Elisa Nichols
	James Tucci
	File
MTPD	Chief Michael Taborn
	Sgt. Tiffany Washington
	Lt. M.D.D.Biggs
	Daryl Sensenig
TOC	

CERTIFICATION OF AUDIT:

_____   Date: 2/28/2013

James M. Dougherty
WMATA Chief Safety Officer

Department: Facilities Maintenance (PLNT) Participants: Grooman, Kram	Compliance 1 2 3			Comments
1. Maintenance Policy established for a. MMIS scheduling/tracking processes	X			
b. Facilities inspection reports	X			Deficiency reporting methodology/WO procedure (MOC), all checklists should include PPE/LOTO/calibration/standards, etc.;
b1 Inspection reports received outside of normal report structure		X		Deficiency reports received outside MOC or field work are sometimes not properly documented and cannot be tracked for trend analysis and other purposes
c. Equipment, part and procedure failures and failure trend analysis		X		Do not do failure trend analysis;
d. Prioritization of critical repairs		X		PM pass needs to be documented and failure trend analysis on passes needs to be done
e. QA/QI/QC	X			QA inspector Weston-external; no set procedure for supervisors
f. Corrective maintenance	X			
g. Coordination with Safety Division and Procurement , including special/ substitute/ replacement parts and equipment		X		Fabrication (machinist, sheet metal) OEM, service bulletins Contract for rehabs. Use the graphic standard. Need SOPs.
h. Method established to track and resolve open hazard issues		X		Failure Trend Analysis
i. Deferred maintenance and work-around criteria		X		Need to document policy
j. Scheduled maintenance adherence criteria	X			FLS is 100%, above 95% per director's goals;
k. Configuration Management/Document Control		X		Drawings, current equipment locations-subject to field verification, esp. fire/life; no procedures for document control and configuration management.
l. Preventive maintenance program revisions/reviews/modifications control and approval processes		X		OEM, service plan – see above
m. Rehabilitation program plan/ Life-cycle program plan			X	N/A
n. PLNT component of Safety Certification	X			SSMP
o. Management of Maintenance: Standards, SOPs, work methodologies		X		
p. Safety goals & accountability	X			Per the performance evaluations

1 = Compliance   2 = Non-compliance   3 = Unable to Audit

1

Department: Facilities Maintenance (PLNT) Participants: Grooman, Kram	Compliance 1	2	3	Comments
q. Internal Controls		X		Reviews for documentation compliance, OEM compliance/changes, etc.; procedures for supervision are not fully documented
r. Safety Critical parts/processes		X		CIL- Dulles
s. Construction		X		SSWP – need to confer with safety to ensure all SSWP or other requirements are met when construction is to be performed. Need SOP.
2. Facility Inspections Checklist for all inspections established & PM	X			
SOPs used		X		SOPS/OAPs not updated, about 10 years old
• lighting	X			
• doors		X		Checklist for rollup doors – needed; needed for the security barriers for stations, no PM program for them;
• Cranes	X			
• Sewage ejector	X			OEM for sewage ejectors;
• Lifts Rail & bus	X			
• Air compressors	X			
• HVAC	X			
• Train wash	X			
• Turntable	X			
• Boilers	X			
a. Maintenance rules and procedures established and available at all times to maintenance personnel	X			MSRPH training No rules training Need to ensure that equipment to carry inspections sheets with them in the field is documented - supervision

1 = Compliance   2 = Non-compliance   3 = Unable to Audit

Department: Facilities Maintenance (PLNT) Participants: Grooman, Kram	Compliance 1	2	3	Comments
b. Inspections performed at prescribed intervals, or at regularly scheduled intervals for fire equipment:	X			
• Standpipe and hose system	X			Dry Standpipe Test – procedure is being rewritten by SAFE
• Pumps	X			
• Extinguishers (Contractor)	X			
• Portable generators		X		Generator inspections needed for small one maintained by facilities group – no documentation
• Emergency signage	X			
• Stairways/walkways	X			
• Fire cabinets		X		Need fire cabinets
• Tunnel Ventilation/fans	X			Reliability reports needed for tunnel ventilation – see failure trend analysis item
• Halon		X		Halon – for working detectors, should be tied to station alarm – CENI, COMM
• ETEC		X		ETECs – are all locations current? Report in documentation is 2 years old
• Deluge	X			
c. Engineering support and coordination established, SOPs	X			
d. Supervisor SOPs and documentation		X		Monitored by dashboard for GMAC Is there a tracking method Need to document all supervisor activities
e. Toolbox meetings, rule of the day, job briefings Sops and documentation	X			Formalize into full SOP; no SOP except RWP for track occupancy
f. Participation on safety committee	X			LSC, action items follow to closure (SOP is outdated-2008) need formal SOP for tracking open items
g. Vendors & Contractors		X		Contract management-Boilers, Chillers/AC, snow removal, cranes; need to ensure positive Quality Oversight of vendor performance including physical inspections

1 = Compliance   2 = Non-compliance   3 = Unable to Audit

Department: **Facilities Maintenance (PLNT)** Participants: Grooman, Kram	Compliance 1	2	3	Comments
h. Maintenance rules and procedures established and available at all times to maintenance personnel	X			
i. Inspections performed at prescribed intervals, or at regularly scheduled intervals for fire equipment:	X			• Standpipe and hose system • Pumps • Extinguishers (Contractor) • Emergency gens/storage batteries • Emergency lighting and signage • Stairways/walkways • Fire detection and alarm system • Fire cabinets • Ventilation/fans
j. Engineering support and coordination established, SOPs	X			
k. Participation on safety committee	X			LSC, action items follow to closure (SOP?)

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Department: **Facilities Maintenance (PLNT)** Participants: Grooman, Kram	Compliance 1	2	3	Comments
3. Training				
a. Coordination with area emergency responders for training			X	No specialized facilities not already addressed/required by OEM/SAFE
b. Initial and refresher training & certification programs in place & implemented		X		Need to maintain records for all certifications/licenses required by department; Update job descriptions & licensing requirements – outdated.
• LOTO	X			
• Electrical	X			
• High Voltage		X		SOP 39 training is needed for employees who cross the threshold of Power substations, power rooms
• BBP		X		Not currently in conformance with OSHA annual requirement per 29 CFR 1910.1030
• Tools & equipment	X			
• Confined space - CPR		X		Confined space training and CPR required (SOP needed)
• Welding		X		Documentation to track Certification of welders is not maintained (need to determine which welders need recert and get recertification)
• NFPA – fire life safety equip	X			NFPA certs
• Plumbing – Master plumber lic.		X		Plumbing need formal SOP for tracking certifications
• CNG	X			CNG – contract
• Sniffers	X			Confined space – sniffers only used here
• Lead, asbestos	X			
• Forklift, Man lift		X		Forklift certification records not monitored for compliance
• CDL – hazmat transport		X		CDL – SOP needed for monitor; ensure proper training for all employees transporting hazmat by motor vehicle
• Powder-actuated tools	X			
• Cranes, rigging, strapping	X			
• Fall protection	X			
• RWP	X			
• PPE – respirators	X			
• HVAC - chiller	X			
• Roofing	X			
• Fatigue/wellness	X			
c. Training matrix/schedule developed		X		Dated 2005 – need to do a full training & certification matrix to cover all positions – job – certifications- qualifications
d. Train-the-trainer program			X	OPMS audit
e. Operational rules/procedures testing			X	Embedded – OPMS audit
f. Safety Dept reviews conducted of training programs		X		OPMS audit

1 = Compliance   2 = Non-compliance   3 = Unable to Audit

WMATA Internal Safety & Security Audit Report

Department: Facilities Maintenance (PLNT) Participants: Grooman, Kram	Compliance 1	2	3	Comments
g. Coordination with maintenance management, engineering & procurement			X	OPMS audit
h. Training QA performed on training programs			X	OPMS audit
i. Training QA performed on trainees		X		Need to document supervisory activities
j. Training records documentation, including signoffs, properly controlled and maintained. Centralization.		X		TSOnline; not currently maintaining outside certification records in house
k. Self-certification program in place			X	OPMS audit
l. Training pass/fail and certification/decertification criteria developed			X	OPMS audit
m. On-the-Job (OJT) training criteria established and documented		X		Not currently documented but in the process
n. OJT training documented		X		
o. Training for contractors working in facilities	X			Follow escort policies when in shops/lots
p. Training for contractors properly documented, maintained and controlled		X		Add to job briefing SOP
q. Maintenance training disciplinary criteria, guidelines and procedures established			X	OPMS audit
r. Vendor training		X		Need to formally document

1 = Compliance   2 = Non-compliance   3 = Unable to Audit

Department: **Facilities Maintenance (PLNT)** Participants: Grooman, Kram	Compliance 1	2	3	Comments
4. Interdepartmental/Interagency Coordination a. Safety Department • Procedure/policy/process reviews • Other		X		No SOPs – recommend embed in MCP
b. Transit Police		X		
c. Hazmat Response	X			ECO/DCO
d. Power	X			MOC
e. Transportation	X			MOC
f. Maintenance	X			MOC
g. IT		X		
5. Hazmat/Industrial Hygiene a. MSDS on file & available for all materials used		X		Where is access when employees are in the field Supervisors maintain MSDS – need SOP MSDS for train wash needed; SOP for field employees to ensure they have access to MSDS in S&I shops/in the field
b. Hazmat training provided; safety participates in development and review of programs; SOPs	X			Procurement
c. Waste Management program and SOPs	X			ECO/DCO, HAZWOPER training – need review of training records
d. Spill containment procedures & training		X		
e. Emergency/evacuation SOPs for hazmat contamination developed and drills held		X		Accountability procedures are needed for employees working in other facilities
f. QA/Supervisor spot checks for proper hazmat, PPE, other industrial compliance conducted, SOPs		X		Conducted, but need SOP/methodology- safety observations
g. Job hazard analyses performed		X		Need to request

1 = Compliance   2 = Non-compliance   3 = Unable to Audit

Department: **Facilities Maintenance (PLNT)** Participants: Grooman, Kram	Compliance 1	2	3	Comments
h. PPE	X			
i. Bloodborne pathogens		X		Training, SOPs, PPE, QA, exposure
j. Instruments & test equipment for air quality	X			confined space only - natural/CNG gas equipment, generators,– performed by SAFE
6. Employee Safety Programs a. Employee accident & incident information, reporting and analysis process in place		X		Incident/accident – reported according to requirements No SOP for corrective action plan & follow up to closure
b. Hazard communications programs in place, including electrical & high voltage safety	X			
c. Hazard and safety concerns reporting procedures in place	X			
7. QA/QI/QC a. Participation in vendor QA processes established		X		SOP for oversight of vendor QA not in place
b. SOPs for Participation in end user approval process	X			
c. OEM/aftermarket/equipment fabrication			X	No vendor fabrication
d. Warehousing/parts storage policies and procedures		X		Hazmats – need to do field verification; no SOPs in place
e. Shelf-life policy		X		No SOP in place
f. Calibration Program		X		Currently have a list, but Field verification revealed some personal equipment is used on the job, and cannot be calibrated.

1 = Compliance   2 = Non-compliance 3 = Unable to Audit

Department: **Facilities Maintenance (PLNT)** Participants: Grooman, Kram	Compliance 1 2 3			Comments
8. Security a. Facilities security plans established, including evacuation SOPs		X		SOPs for security, access not in place
b. COOP		X		SOPs, checklists to support COOP-responsibilities should be noted, exercises, Devol if PLNT cannot perform its functions – same as snow plan – need to be in place
c. Loss prevention SOPs established		X		Inventory control – need SOP
d. Key control policy & procedures		X		No current policy; locksmith shop does not have appropriate security. Recommended that it be relocated to a more secure area.
e. Personal safety awareness training for department personnel		X		Not currently required to have job-appropriate security training
f. Shop & facilities security design/redesign (CPTED)	X			
g. Contingency plans for security threats, including bomb threats, hostage situation, communications failures, trespass, terrorism		X		Emergency generators in place Snow-ice-shelter in place issues – MERT training provides only OSC need assistance and support Other weather contingencies Need to document shelter-in-place hygiene, etc.
h. Security & emergency preparedness training	X			NIMS, COOP, emergency exercises, personal security (NEO only)

1 = Compliance   2 = Non-compliance   3 = Unable to Audit

CAP #	Finding/Area of Concern	Corrective Action	Date Due	Dept & Sta	HA
F1	Maintenance Policy not established for a number of safety-critical areas	Establish formal documented policies for the safety-critical maintenance areas below: a. Inspection reports received outside of MOC or field inspection reports. Failure to ensure entry of all deficiencies into Maximo means that work cannot be tracked and proper failure trend analysis required for safety data acquisition and analysis as required by 49CFR659 cannot be achieved. b. Failure trend analysis is not performed for PLNT maintenance. Failure to do so does not meet criteria for 49CFR659. c. Prioritization of critical repairs. Per the Mil Std 882, required of WMATA by the TOC PSP, proper hazard identification and analysis must be performed and hazard addressed by their criticality. Prioritization of critical repairs is a critical part of this area of compliance. Also documented should be the criteria for any "PM Pass" that PLNT deems acceptable, meaning any time a PM inspection is not performed within the time frame allotted by department/OEM guidelines or standards. d. Fabrication, including machinists and sheet metal fabrication. Lack of procedures, standards and policy for fabrication can lead to premature failure and other safety-critical hazards. e. Deferred maintenance and work-around criteria f. Management methodologies for PLNT g. Configuration Management and document control of all PLNT internal documentation, including change control, annual review and SAFE/MTPD review for compliance with the SSPP and SEPP h. Internal Controls, including reviews for documentation compliance, OEM compliance/changes, and all policy, procedures for supervision and QA, and as pertains to industrial safety assurance per 29CFR. i. Safety Critical parts and processes: it is recommended that PLNT use the Dulles extension certification process as its documentation. j. Site Specific Work Plan coordination as required for construction sites as applicable to PLNT k Shelf-life & warehousing (materials management)	12/31/2014	PLNT-Grooman	3C
F2	There are required safety-critical inspections that are not properly documented	Provide full formal accurate written documentation for: a. Internal SOPs and other procedures, including OAPs, are not regularly updated, and some are 10 years old. All safety-critical documentation should be properly updated to reflect current configuration, technology and practices, and then reviewed at least once annually to assure accuracy. Document control procedures should require version control (date/version/revision) to reflect annual reviews. b. Roll-up door inspections, station security barriers: procedures and checklists are required for safety-critical inspections of these assets c. Generators owned and maintained by PLNT d. Fire cabinets: no regular inspections of these items are recorded; field verifications for proper storage of flammables and combustibles at several PLNT locations throughout the system revealed a number of violations.	12/31/14	PLNT-Grooman	2D
F3	Vendors & contractors performing safety-critical services for PLNT are not properly monitored and overseen for compliance with WMATA safety & security requirements	Ensure that vendor have appropriate and sufficient oversight of their performance, including physical inspections of vendor work. Document all vendor oversight, audits and document compliance checks. SOPs are needed for proper oversight of vendors performing work in confined spaces - see F4.	12/31/13	PLNT-Grooman	3C

F4	Training and certification programs are not sufficiently documented or monitored to meet requirements of the SSPP and 49CFR659.	A. Ensure that documentation and monitoring is appropriately provided for all licensing and certifications required by statute or WMATA policy and procedure, to include: 　-CDL renewals 　-Bloodborne pathogens, per 29CFR 1910.1030 　-Master plumbing and HVAC per jurisdictional requirements 　- Forklift and welding certification per 29CFR Documentation should include a matrix or other tracking methodology to ensure that all certifications are up to date and meet all requirements B. Ensure that training is provided and documented for: i. SOP 39, as required by the MSRPH for all WMATA employees who cross the threshold of power substations (door maintenance) ii. Confined space per 29CFR for PLNT employees who oversee contractors working in confined space. C. Ensure that all drivers who transport hazmats are either certified in hazmats though their CDL qualifications or receive training in hazmat spills D. Ensure all on-the-job training is properly documented F. Ensure all training internal and external for all PLNT employees is properly documented and maintained	06/30/14	PLNT-Grooman	2C
F5	Not all fire/life safety requirements per jurisdictional, OEM & NFPA standards are met.	ETEC carts do not have up-to-date location maps. A current map should be produced ASAP, as a lack of maintenance on the ETECs due to location errors could create safety-critical deficiencies in WMATA's emergency response capabilities. OEM must update the map to reflect current configuration, and PLNT must document its notifications of OEM when it finds discrepancies in the ETEC documentation.	12/31/13	OEM - Biro PLNT-Grooman	2C
F6	Job briefings are not properly documented	Ensure that PLNT has sufficient procedures and policies in place to ensure that for every work activity a proper job briefing/toolbox meeting/safety contact is made per WMATA MSRPH Section 4.2 requirements and is documented, including for all contractor activities. Currently only the RWP-required job briefings have full SOPs and are properly documented.	12/31/13	PLNT-Grooman	2D
F7	Access to MSDS for crews in the field is not properly provided per 29CFR	Ensure that appropriate policies and procedures are in place to ensure PLNT field crews can have access to MSDS information within the specified time frames established by Federal law, and that Federally required maintenance of MSDS books/sheets/databases is in place and fully implemented. This includes providing MSDS as appropriate for the train wash areas.	06/30/13	PLNT-Grooman	2D
F8	Emergency procedures are not fully documented and implemented per Federal, OEM and SEPP requirements	a. Ensure that a full COOP is developed, employees are trained on it, and it is exercised on a regular basis. b. Ensure that accountability procedures are in place for PLNT employees at all facilities. Include contingency/all-hazards plans, policies and EOPs per 8g on the audit matrix.	06/30/14	PLNT-Grooman OEM - Biro	2D
F9	No Loss Prevention or Key Control policies are in place. As PLNT controls the locksmith function at WMATA, this security-critical area must have appropriate standard operating procedures and accountability to protect WMATA assets	Ensure that full formal documented policies and procedures are in place for PLNT locksmithing, key control and other access-related functions controlled or administered by PLNT are developed and implemented.	12/31/13	PLNT-Grooman	2C
F10	Some PLNT employees do not receive sufficient security instruction appropriate to their public exposure. PLNT workers on platforms and in station areas have critical contact with the public, and are sometimes in harm's way.	Ensure that all PLNT employees who are regularly in contact with the public (station areas & platforms) receive appropriate crisis and security training. PLNT should contact MTPD for assistance and support, as MTPD already provides such specialized training to other departments where employees have critical direct or incidental contact with the public. T&OD provides training courses in the topic of difficult people & customer relations, also. Alternatively, providing appropriate departmental instruction via procedure, work instruction, guideline or employee notice is also acceptable.	12/31/13	PLNT-Grooman	2C

February 28, 2013

Mr. James Benton
Chair, Tri-State Oversight Committee
Maryland Department of Transportation
7201 Corporate Center Drive
Hanover, MD 21076

Dear Mr. Benton:

As per Section 6.2 of the September 2012 version of the Tri-State Oversight Committee (TOC) Program Standard and Procedures, the Washington Metropolitan Area Transit Authority is providing a final audit report of the Internal Safety and Security Audit, conducted on the Elevator/Escalator Department. We have also provided the completed audit checklists, and suggested corrective action plans to address the findings of the audit.

The audit was performed in general accordance with section 12.0 of the WMATA System Safety Program Plan (SSPP) per the requirements defined in 49 CFR Part 659.9 (I). The audit was conducted by Department of Safety and Environmental Management (SAFE) and, Metro Transit Police Department (MTPD) staff and supported by safety consultants currently under contract to SAFE.

If you have any questions, please feel free to contact me personally or have your staff contact Darren McCoy, Safety Data Liaison Officer, on (202) 962-2844.

Sincerely,

James M. Dougherty, WSO-CSSD
Chief Safety Officer

Enclosures

WMATA SAFE INTERNAL SAFETY AND SECURITY AUDIT PROGRAM
Internal Safety & Security Audit Report
January 31, 2013

AREA AUDITED: Elevator and Escalator (ELES)

DATE OF AUDIT: September 27, 2012 – December 31, 2012

AUDITEES: Rodrigo Bitar, General Superintendent of ELES
                  Stan Gawlik, Manager of ELES

AUDIT TEAM: Curtis Moses, Lead Safety & Security Auditor
                  Dorsey Adams, Manager, Rail Safety
                  Darren McCoy, Safety Officer
                  Tiffany Washington, Sergeant, MTPD
                  L.M.D.D. Biggs, Lieutenant, MTPD
                  Daryl Sensenig, OEM
                  Elisa Nichols, Safety & Security Auditor (Contractor)
                  Hakim Davis, Corporate Quality Assurance Officer
                  Robert Davidson, Corporate Quality Assurance Officer

EXECUTIVE SUMMARY:

A full compliance safety and security audit was performed for the Elevator and Escalator (ELES) area per 49 CFR 659. Overall, the level of compliance with the System Safety Program Plan (SSPP), the Security and Emergency Preparedness Program (SEPP) and the requirements of system safety and security standards was good.

ELES exhibited overall good compliance with security requirements, development of Preventive Maintenance standards and a high quality training program. ELES provided documents regarding safety practices for employees; draft SOPs and methods for improving service for all WMATA elevators and escalators.

Major findings of non-compliance include:

1. Lack of critical documentation for safety- and security-critical policies, procedures and processes.
2. Insufficient internal controls in place to ensure all requirements are met in all areas, including quality assurance in the field and for administrative processes, review of training qualifications, inter-departmental coordination process.
3. Lack of adherence to OSHA and other industrial safety compliance. (Unguarded pulley belts.)
4. Security-critical deficiencies in key control and continuity of operation planning.

1

The full audit matrix and the Corrective Action Plan for the findings are attached.
NARRATIVE:

The audit interview for the above referenced area was scheduled and completed on September 27, 2012 with the identified auditees. Physical verifications of ELES field operations were conducted and ELES training courses were observed through field verifications of OPMS training department. ELES provided documentation prior to and at the audit interview, which was reviewed by the audit team, as well as requested supplemental documentation provided after the audit interview.

The following elements of the SSPP were applicable in this audit:
5, 6, 7, 8, 9, 10, 11, 13, 14, 16, 17, 18, 19.

The audit team's findings of concern were in the area of development and documentation of policies and procedures, lack of adequate internal quality assurance oversight, failure to ensure compliance with industrial safety regulations, inadequate failure trend analysis and lack of development/implementation of security and emergency plans and procedures.

Details of the findings and recommendations for corrective actions and improvements for the above-referenced areas are reflected on the attached Internal Safety and Security Audit Matrix and Corrective Action Plan.

The Corrective Action Plan addresses the findings of concern by the audit team and provides appropriate corrective action.

The audit team and the entire SAFE department will be providing support and guidance to assist the ELES department in meeting its obligations under this ISSA. ELES is encouraged and advised to contact SAFE whenever support or guidance is needed regarding this audit.

Distribution:

GM/CEO   Richard Sarles
SAFE   Louis Brown
               Darren McCoy
               Dorsey Adams
               Curtis Moses
               Hakim Davis
               Robert Davidson
               Elisa Nichols
               James Tucci
               File
MTPD   Chief Michael Taborn
               Sgt. Tiffany Washington
               Lt. L.M.D.D. Biggs
               Daryl Sensenig
TOC

CERTIFICATION OF AUDIT:

Date: 2/28/2013

_____
James M. Dougherty
WMATA Chief Safety Officer

Department: Facilities Maintenance (ELES) Participants: Bitar, Gawlik	Compliance 1	2	3	Comments
1. Maintenance Policy established for a. MMIS scheduling/tracking processes		X		ELES procedure 212-19 describes only scheduling done in Maximo by CENV; No SOP for MAXIMO.
b. PM inspection reports		X		Deficiency reporting? PMs go to supervisors for QA check , then to managers for more QA & then data entry. How is COMM notified of intercom problems?
c. Elevator & Escalator policy/procedures		X		Jurisdictional standards & requirements, maintenance of records, copies of MOUs, 3 stations per jurisdiction for certs
d. ELES Emergency policy/procedures		X		Emergency operations – what happens for elevator malfunctions – fire/life safety issues, no SOPs
e. Equipment, part and procedure failures and failure trend analysis		X		ELES procedure 212-19 5.4: Gap Analysis performed monthly on PMs. No reports; what is done with the trend analysis (corrective action) No trend analysis is done; elevator escalator taken out of service after 60 days with no PM.
f. Prioritization of critical repairs		X		Safety Critical Parts/processes inventory – done by EOC no written procedure but have a good process that takes life safety into account and then prioritize by high traffic, then configuration & repeat failures.
g. QA/QI/QC		X		ELES procedure 212-19 does not establish "satisfactory" standards for elev/esc PMs; SOP pursuant to 212-19 that defines the supervisor audits satisfactory – ASME 17.2 – not in procedure. Inspection reports not fully documenting OSHA non-compliances from the field sites.
h. Corrective maintenance		X		OEM manuals – No SOP
i. Coordination with Safety Department and Procurement , including special/ substitute/ replacement parts and equipment		X		Rehabilitation of elev & esc: certified, engineering support Methodology for vendor selection & criteria
j. Method established to track and resolve open hazard issues		X		SAFE escalator assessment 2011 – received? VTX report & findings. Field supervisor complete MAXIMO but resolution to issues remained open for extended period of time. Field observations findings were not readily available within MAXIMO.
k. Deferred maintenance and work-around criteria		X		C Ticket is no run ticket; LM ticket – non-safety sensitive
l. Scheduled maintenance adherence criteria	X			ELES procedure 212-19 4.2 (monthly and annual B & E levels?)
m. Configuration Management/Document Control		X		Elevator Escalator inventory (stations and WMATA facilities) a- draft CM procedure, currently working on others
n. Preventive maintenance program revisions/reviews/modifications control and approval processes		X		EMI? In draft
o. Rehabilitation program plan/ Life-cycle program plan		X		Design Review Board? – rehab is in draft but is not yet approved; State of Good Repair
p. ELES component of Safety Certification		X		
q. Software	X			Maintenance, isolation, coordination with IT, vendors need P.O.
r. Management of Maintenance: Standards, SOPs, work methodologies		X		
s. Safety goals & accountability		X		Need business plan & performance plan
t. Incident & Accident investigation		X		SOP-mentioned in 612-03 revision draft, reports transmitted to safety, define what is investigated, jurisdictional requirements for investigation and reporting – entered in SMS Where is the procedure for entering in SMS? No SOP for tracking. Also non-equipment-related incidents not tracked currently.

The ISSA program is conducted in compliance with 49 CFR 659.19(l), the Tri-State Oversight Committee (TOC) Program Standard & Procedures (PSP) Section 6.1 Internal Safety and Security Audits and the TOC MOU Paragraph 13 and WMATA SSPP 12.1 through 12.3.7.

1 = Compliance   2 = Non-compliance   3 = Unable to Audit

WMATA System Safety Program
Internal Safety & Security Audit Report
Auditors: Nichols, Moses, Davidson, Davis, Price, Kelly, Sensenig

Department: Facilities Maintenance (ELES) Participants: Bitar, Gawlik	Compliance			Comments
	1	2	3	
2. ELES Inspections a. Checklist for all inspections established & PM SOPs used	X			SOPS: • Elevator • Escalator • Fence enclosures for the non-revenue elevators? Maintained by plant. • Housekeeping – is addressed in checklists
b. Maintenance rules and procedures established and available at all times to maintenance personnel	X			MSRPH – Elevator Industrial Field Equipment Safety Handbook required to be carried – in SOP? Lone worker policy/procedure – need list of two-man procedures Safety Handbook, dated 2010, p14 (c) hazard assessment – how are they documented
c. Inspections performed at prescribed intervals, or at regularly scheduled intervals	X			
d. Engineering support and coordination established, SOPs		X		Draft version. Need signed

Date of Audit: 9-27-12

e.	Supervisor SOPs and documentation		X		ELES Procedure 212-19, but need full SOPs for field quality inspection
f.	Toolbox meetings, SOPs and documentation		X		Job safety briefing needs SOP for documentation
g.	Participation on safety committee	X			ELES safety committee Employee action committee – address safety & security issues then take to the LSC
h.	Vendors & Contractors	X			Contract management, vendor vetting & QA, CIP group does vendor vetting; project manager & COTAR is in ELES

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Department: Facilities Maintenance (ELES) Participants: Bitar, Gawlik	Compliance			Comments
	1	2	3	
3. Training a. Coordination with area emergency responders for training		X		ELES Lab in CTF ELES employees attends training with responders, but no SOPs
b. Initial and refresher training programs developed, with lesson plans			X	Supervision – no refresher training for supervisors none for supervisors Jurisdictional certification training – recurring? First aid, CPR, AED no required Annual renewal – employee is required to maintain. Keep copy in personnel record. Office assistant monitors certification records & notifies when needed.
c. Training matrix/schedule developed			X	
d. Train-the-trainer program			X	
e. Operational rules/procedures testing			X	Electrical safety, bonding, grounding, etc.
f. Safety Dept reviews conducted of maintenance safety training programs; SOPs for training schedule notification to Safety [coordination with Safety]			X	
g. Coordination with maintenance management, engineering & procurement			X	
h. Training QA performed on training programs			X	
i. Training QA performed on trainees			X	
j. Training records documentation, including signoffs, properly controlled and maintained. Centralization.			X	TS-Online
k. Self-certification program in place			X	
l. Training pass/fail and certification/decertification criteria developed			X	
m. On-the-Job (OJT) training criteria established and documented			X	Performed by OPMS

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Department: <u>Facilities Maintenance (ELES)</u> Participants: Bitar, Gawlik	Compliance 1	2	3	Comments
n. OJT training documented			X	
o. Training for contractors working on WMATA property		X		ELES/ESC contractors must be RWP certified and verified by ELES during work activites.
p. Training for contractors properly documented, maintained and controlled			X	
q. Maintenance training disciplinary criteria, guidelines and procedures established			X	
4. Interdepartmental/Interagency Coordination a. Safety Department • Procedure/policy/process reviews • Other		X		Modifications, EMI, rehabs, incident accident reports,
b. Transit Police		X		Emergency coordination, Sop review, modifications
c. Hazmat Response		X		EMIH no Hazmats – don't use oil that is hazardous; spill kits are still required; have DCO and ECO
d. Power	X			
e. Transportation		X		RTRA Public notification of elevator/escalator; outages ROCC calls to ELES for outages; ROCC uses out of service screen scheduled outages through EOC, no
f. Other TIES	X			CENV-CENV/MPLN, OPMS, SMNT
g. IT	X			
h. Procurement	X			
i. CRM		X		CSMC
j. Regulatory reports to jurisdictions		X		
k. PLNT		X		

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5. Hazmat/Industrial Hygiene				
a. MSDS on file & available for all materials used	X			Where is access when employees are in the field How are they updated? No documented methodology. ELES current website links to older ELES website which contains an inoperable MSDS link.
b. Hazmat training provided; safety participates in development and review of programs; SOPs	X			
c. Waste Management program and SOPs		X		SOPs needed
d. Spill containment procedures & training		X		SOPs needed
e. Emergency SOPs for notifying crews in the field		X		
f. QA/Supervisor spot checks for proper hazmat, PPE, other industrial compliance conducted, SOPs		X		Housekeeping not in OSHA compliance. Metro Center CN01 elevator hydraulic pump has no machine guard and is a OSHA 1910.212.(a)(3) non-compliance.
g. Job hazard analyses performed	X			SAFE's Ann Murtha forward risk assessment performed by contractor.
h. PPE	X			Respirators/dust masks, goggles, vests, hardhats, safety shoes, LOTO,
i.				
j.				

WMATA System Safety Program
Internal Safety & Security Audit Report
Auditors: Nichols, Moses, Davidson, Davis, Washington, Biggs, Sensenig
Date of Audit: 9-27-12

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Department: <u>Facilities Maintenance (ELES)</u> Participants: Bitar, Gawlik	Compliance			Comments
	1	2	3	
6. Employee Safety Programs a. Employee accident & incident information, reporting and analysis process in place	X			How is tracking done? SMS – needs to be in SOP Reviewed by management every meeting with ELES committee
b. Hazard communications programs in place, including electrical & high voltage safety	X			RWP, lone worker requirements, high pressure systems, fall protection
c. Hazard and safety concerns reporting procedures in place	X			Hazards are called in to EOC for work order to be opened
7. QA/QI/QC a. Participation in vendor QA processes established			X	QAAW performs inspections for ELES.
b. SOPs for Participation in end user approval process	X			Procurement, IRPG
c. OEM/aftermarket/equipment fabrication		X		No Sops yet
d. Warehousing/parts storage policies and procedures			X	QAAW performs inspections for ELES. Receiving inspection in place, storage policy & procedure, need to verify with QA.
e. Shelf-life policy			X	QAAW performs inspections for ELES.
f. Calibration Program	X			SOP in place 212-02
g.				

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Department: <u>Facilities Maintenance (ELES)</u> Participants: Bitar, Gawlik	Compliance 1 2 3			Comments
8. Security a. Security SOPs		X		SOPs for security, access None in place
b. Loss prevention SOPs established		X		Inventory control; WMATA p/l for loss; Superintendent is responsible for equipment audit
c. COOP		X		In process w OEM
d. Contingency plans for security threats, including bomb threats, hostage situation, communications failures, trespass		X		
e. Security & emergency preparedness training		X		MERT, COOP, emergency exercises Personal safety/security awareness training for department personnel
f. Key control		X		Use RTRA Procedure; use VCO; facility keys no covered (need SOP for accounting for and collecting when employee leaves); need SOP for elevator/escalator key issuance & control
g.				
h.				

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The ISSA program is conducted in compliance with 49 CFR 659.19(l), the Tri-State Oversight Committee (TOC) Program Standard & Procedures (PSP) Section 6.1 Internal Safety and Security Audits and the
TOC MOU Paragraph 13 and WMATA SSPP 12.1 through 12.3.7.

CAP #	Finding/Area of Concern	Corrective Action	Date Due	Dept & Staff Responsible	HA
EL1	Maintenance Policy not established for a number of safety-critical areas	Establish formal documented policies for the safety-critical maintenance areas below: a. EOC procedure for MAXIMO is not current. b. Field inspection reports procedure. Failure to ensure entry of all deficiencies and non compliances into Maximo means that work cannot be tracked and proper failure trend analysis required for safety data acquisition and analysis as required by 49CFR659 cannot be achieved. c. Failure trend analysis process was not readily available. Failure trend analysis is required to identify hazards to meet criteria for 49CFR659. d. Prioritization of critical repairs. Per the Mil Std 882, required of WMATA by the TOC PSP, proper hazard identification and analysis must be performed and hazards addressed by their criticality. Prioritization of critical repairs is a critical part of this area of compliance. e. Configuration Management and document control of all ELES internal documentation, including change control, annual review and SAFE/MTPD review for compliance with the SSPP and SEPP f. Internal Controls, including reviews for documentation compliance, OEM compliance/changes, updating work instructions when OEM revise manuals. g. Safety Critical parts and processes: it is recommended that ELES use the Dulles extension certification CIL as its documentation. h. Shelf-life & warehousing (materials management, spill containment SOP 212-21 incomplete) i. Incident investigation procedure did not include data entry for SMS or tracking of open investigations. j. Document processes for inter-departmental communication and coordination. k.No SOP or documentented procedure for ELES emergency operations subsequent to elevator/escalator malfunction. l. No documented Life cycle program plan. m.ELES participation in Safety Certification. n. Safety goals and accountability.	12/31/14	ELES-Bitar	2C
EL2	Emergency procedures are not fully documented and implemented per Federal, OEM and SEPP requirements	a. Ensure that a full COOP is developed, employees are trained on it, and it is exercised on a regular basis. b. Ensure that accountability procedures are in place for ELES employees and contractors at all facilities. Include contingency/all-hazards plans, policies and EOPs per Section 8 on the audit matrix. c. Coordination with area emergency responders. d. Emergency notification to field personnel SOP.	06/30/14	ELES-Bitar	2D
EL3	Security:MERT training for ELES not documented. No SOP for Loss prevention and key control.	a.Staff must obtain MERT training. b. Develop a inventory control SOP.	12/31/13	ELES-Bitar	3D
EL4	No official departmental QA/QC/QI policies in place.	Develop and implement QA/QC/QI policies and processes. Implement a corrective action program based upon QAAW reports.	12/31/13	ELES-Bitar	3C
EL5	ELES/ESC-contractors must have training in WMATA hazards and that ELES have a contractor RWP verification process.	Develop and implement a policy/procedure that reflects WMATA's requirement for RWP training for contractors to ensure their safety while on WMATA property, and provide SOP/work instruction requiring verification of current RWP status of ELES contractors.	06/01/13	ELES-Bitar	3C
EL6	Field verifications found that at least one rehab elevator hydraulic pump has pulley belts exposed during active maintenance, exposing employees to machine hazards.	Provide proper machine guarding and procedures for all elevators and escalators to protect personnel during maintenance as per OSHA 1910.212(a)(3)	06/01/13	ELES-Bitar	2C
EL7	Job briefings are not properly documented	Ensure that ELES has sufficient procedures and policies in place to ensure that for every work activity a proper job briefing/toolbox meeting/safety contact is made per WMATA MSRPH Section 4.2 requirements and is documented, including for all contractor activities. Currently only the RWP-required job briefings have full SOPs and are properly documented.	12/31/13	ELES-Bitar	2D
EL8	Supervisors duties not fully documented to current work tasks.	SOP for supervisors duties including field quality inspections of equipment, review of employee training/certification records, verifing ELES SOPs are current with lastest OEM manuals and verification of a safe work environment.	06/01/13	ELES-Bitar	2C

WMATA
Internal Safety Audit Schedule
Performance Period: October 1 through September 30
Revision Date: April 1, 2014

Year 1	
Quarter	**Audit Areas**
1 (Oct, Nov, Dec)	IT, RTRA
2 (Jan, Feb, March)	Public Information & Customer Service
3 (April, May, June)	Procurement, Materials Management
4 (July, Aug, Sep)	Revenue
Year 1 will begin October 1, 2012 and run until September 30, 2013 **It will begin again October 1, 2015, and subsequently October 1, 2018**	

Year 2	
Quarter	**Audit Areas**
1 (Oct, Nov, Dec)	Rail Scheduling, Training
2 (Jan, Feb, March)	Engineering & Safety/Security Certification (SSC), Station Planning
3 (April, May, June)	PLNT
4 (July, Aug, Sep)	ELES, SAFE, MTPD
Year 2 will begin October 1, 2013 and run until October 1, 2014 **It will begin again October 1, 2016, and subsequently October 2019**	

Year 3	
Quarter	**Audit Areas**
1 (Oct, Nov, Dec)	SMNT (ATC, COMM,AFC)
2 (Jan, Feb, March)	TRST /SMNT (Power)
3 (April, May, June)	CMNT
4 (July, Aug, Sep)	QAAW, Drug and Alcohol
Year 3 will begin October 1, 2014 and run until September 30, 2015 **It will begin again October 1, 2017, and subsequently October 1, 2020**	