#### SAFETY RULE OBSERVATION

| (1) Location   | (2) Date       | 13                   | 4/Yorg        |        |
|--|----------------|----------------------|---------------|--------|
| Lindenwold   |                |                      | 340P          |        |
| (4) Employee   | (5) Occupation |                      |               |        |
|  | Train Operator |                      |               |        |
| J. Prince  |                |                      |               |        |
| (6) Observation (See Item #6)  |                |                      |               |        |
| T/O did not board or leave any car or equipment while it is in motion  | n.             |                      |               |        |
|  |                |                      |               |        |
|  |                |                      |               |        |
| (7) Was observation discussed with employee at the time it was made?   |                |                      |               |        |
| Yes  |                |                      |               |        |
| (8) Action taken by observer. (See Item #8)  | v              | Ni .                 |               |        |
| Operator Commended   |                |                      |               |        |
| (9) Corrective action recommended. (See Item #9)   |                |                      |               |        |
| None   |                |                      |               |        |
| (10) Reason for recommendation. (See Item #10)   |                |                      |               |        |
| Operator complied with the Rules   |                |                      |               |        |
|  |                | (I 1) Safety Rules i | nvolved. (See |        |
| (12) Signature of Foreman/Supervisor   | Date           | Rule Number          | Complied      | Failed |
|  | 1/4/22         | #23                  | X             |        |
| (10) (1)   |                |                      | 1 1           |        |
| (13) Signature of Employee Observed (See Item #13)   | Date           |                      | 1 1           |        |
|  | 1/4/22         | H                    | 1             |        |
| (14) Reviewed By   | Date           |                      |               |        |
| ( * 7) and the second of the s | 1              | li .                 |               |        |
| /  | //(            | <b>⊣I</b>            |               |        |
| (15) Signature of T  | Date           | II .                 |               |        |
|  | 1              | П                    |               |        |
| D (ODD)  | CTIONS         |                      |               |        |

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| 1. Location  | 2. Date       | 100             | 3. Time         |             |
|--|---------------|-----------------|-----------------|-------------|
| 1674 + Locust 5/5  | 1/8/          | 4               | 100             | a.m. / p.m. |
| 4. Employee  | 5. Occupation | on              |                 |             |
| 4. Employee J. PRINCE  | IRA           | NODE            | KATOK           |             |
| 6. Observation (See Item #6) FACE ALL DOOKS 4 ING AND CLOSING THEY KEEPIN BEFORE HOVELLENHOF THE CA  | WD WIT        | NOOWS           | WHON            | 1 ODEN      |
| ING ANOCLOSING THEY KEEPIN   | g ONTIK       | 5600X1          | NAC             | LOAL        |
|  | R             |                 |                 |             |
| 7. Was Observation Discussed with Employee at the Time it was Made?  | •             |                 |                 |             |
| 900  | >             |                 |                 |             |
| 8. Action Taken by Observer (See Item #8)  | . = 17        | 2               |                 |             |
| COLIA  | ENSE:         | $\triangle$     |                 |             |
| 9. Corrective Action Recommended (See Item #9)   |               |                 |                 |             |
| N/2  | Ĺ             |                 |                 |             |
| 10. Reason for Recommendation (See Item #10)   | 6             |                 |                 |             |
| \ \sqrt{\sq}}\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}} | 7             |                 |                 |             |
|  |               | 11. Safety Rule | es Involved (Se | e Item #11) |
| 12. Signature of Foreman/Supervisor  | Date/         | Rule Number     | Complied        | Failed      |
|  | 1/8/22        | 145             | -               |             |
| 13. Signature of Employee Observed (See Item #13)  | Date          | SAGIN           | ,               |             |
| e:   | 118122        | 21101           |                 |             |
| 14./Réviewed by  | Date          | KULG            |                 |             |
|  | 11115         | 600K            |                 |             |
| 45. Cimpet   | Date          | 000/0           |                 |             |
| 15. Signati  | Date          |                 |                 |             |
|  |               | <u></u>         |                 |             |

### INSTRUCTIONS

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Form PATCO - 022 (01-12) IND. 970-09239

| 1. Location 1674 + LOCUST 5/5.                                      | 2. Date / 3/5    | /22                   | 3. Time 5. 04    | a.m. p.m.   |
|---|------------------|-----------------------|------------------|-------------|
| 4. Employee J-PRINCE  | 5. Occupation    | in Of                 | )ERAT            | OR          |
| 6. Observation (See Item #6)  ONOTRUN WIT                           | ALG IN           | 15/16                 | CARS.            |             |
| 7. Was Observation Discussed with Employee at the Time it was Made? | 55               |                       |                  |             |
| 8. Action Taken by Observer (See Item #8)                           | IENDE            | $\wedge$              |                  |             |
| 9. Corrective Action Recommended (See Item #9)                      | 1/A              |                       |                  |             |
| 10. Reason for Recommendation (See Item #10)                        | 1/4              |                       |                  |             |
|   |                  | //<br>11. Safety Rule | es Involved (See | e Item #11) |
| 12. Signature of Foreman/Supervisor                                 | 3/5/22           | Rule Number           | Complied         | Failed      |
| 13. Signature of Employee Observed (See Item #13)                   | / Date<br>3/5/22 | RULE                  |                  |             |
| 14. Reviewed by   | Date             | book                  |                  |             |
| 15. Signature of D  | Date             |                       |                  |             |

### INSTRUCTIONS

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| (1) Location  | (2) Date                 | (3)                   | Time         |            |
|---|--------------------------|-----------------------|--------------|------------|
| 3 ( ) ( )   | 3/15/22                  | 35.7                  |              |            |
| Lindenwold Tower  |                          |                       | 630P         |            |
| (4) Employee  | (5) Occupation           |                       |              |            |
| J. Prince   | Train Operator           |                       |              |            |
| (6) Observation (See Item #6)                                       |                          |                       |              |            |
|   |                          |                       |              |            |
| T/O Immediately report all injuries, no matter how                  | v trivial, to your forem | an or supervisor      |              |            |
|   |                          |                       |              |            |
| (7) Was observation discussed with employee at the time it was made | e?                       |                       |              |            |
| Yes   |                          |                       |              |            |
| (8) Action taken by observer. (See Item #8)                         |                          |                       |              |            |
|   |                          |                       |              |            |
| Operator Commended  |                          |                       |              |            |
| (9) Corrective action recommended. (See Item #9)                    |                          |                       |              |            |
| None  |                          |                       |              |            |
| (10) Reason for recommendation. (See Item #10)                      |                          |                       |              |            |
| Operator complied with the Rules                                    |                          |                       |              |            |
|   |                          | (I 1) Safety Rules in | volved. (See | Item #1 1) |
| (12) Signature of Foreman/Supervisor                                | Date                     | Rule Number           | Complied     | Failed     |
|   | 3/15/22                  | # 1                   | X            |            |
| (13) Signature of Employee Observed (See Item #13)                  | Date                     |                       |              |            |
| (15) bigilitate of intiployee observed (800 fem #15)                |                          | Н                     |              |            |
| <u> </u>  | 3/15/22                  | <b>-</b>              |              |            |
| (14) Reviewed By  | Date                     | Ш                     |              |            |
|   | 51/1                     | H                     |              |            |
| (15) Signature  | Pate                     |                       |              |            |
|   |                          | Ш                     |              |            |
|   | DILOTIONIC               |                       | ll           |            |
| INST  | RUCTIONS                 |                       |              |            |

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| (1) Location   | 1(2     | 2) Date  | (3)                   | Time        |            |
|--|---------|--|-----------------------|-------------|------------|
| (1) Location   |         | 4/1/22   | 1(2)                  | 630PM       |            |
| Lindenwold Tower   |         |  |                       |             |            |
| (4) Employee   | (5) Oc  | cupation   |                       |             |            |
| J. Prince  |         |  |                       |             |            |
| /// Ob   |         | Train Operator   |                       |             |            |
| (6) Observation (See Item #6) T/O Prince was wearing prescribed reflective apparel when of | on dute |  |                       |             |            |
| 1/O Prince was wearing prescribed reflective apparer when c                                | on duty |  |                       |             |            |
|  |         |  |                       |             |            |
| (7) We show the discussed with annular set the time it was made?                           |         |  |                       |             |            |
| (7) Was observation discussed with employee at the time it was made?                       |         |  |                       |             |            |
| Yes  |         |  |                       |             |            |
| (8) Action taken by observer. (See Item #8)  |         |  |                       |             |            |
| Commended  |         |  |                       |             |            |
| (9) Corrective action recommended. (See Item #9)   |         |  |                       |             |            |
| (5) Corrective action recommended. (650 rem #5)  |         |  |                       |             |            |
| N/A  |         |  |                       |             |            |
| (10) Reason for recommendation. (See Item #10)   |         |  |                       |             |            |
| N/A  |         |  |                       |             |            |
|  |         |  | (I I) Safety Rules in | volved (See | Item #1 1) |
| (12) Signature of Foreman Supervisor   |         | Date   | Rule Number           | Complied    | Failed     |
|  |         | 4 1 22   | 1                     | XI .        |            |
| (12)   |         | 4-1-22<br>Date   | # 194                 | XX          |            |
| (13) Signature of Employee observed (Sep Item #13)   |         | Date   | Safety Rules          |             |            |
|  |         | 4-1-22   |                       |             |            |
| (14)/Reviewed By   |         | Date   |                       |             |            |
|  |         | 414  |                       |             |            |
| (15) Signatu   |         | Date   |                       |             |            |
| C- / - Common  |         | The state of the s |                       |             |            |
| 190 %  |         |  |                       |             | l          |

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970 -09239 SD-508 Form Patco-022 (1-,69), rev. 2-92

| 715.7  | I/2\ Data      | 1/2)                  | Time     |        |
|--|----------------|-----------------------|----------|--------|
| (1) Location   | (2) Date       | (3)                   | Time     |        |
| Lindenwold Tower   | 4/26/2022      |                       | 708P     |        |
| (4) Employee   | (5) Occupation |                       | 7001     |        |
| (1) Employee   | Train Operator |                       |          |        |
| J. Prince  | ·              |                       |          |        |
| (6) Observation (See Item #6)  |                |                       |          |        |
|  |                |                       |          |        |
| T/O did not walk or stand under suspended loads.                     |                |                       |          |        |
|  |                |                       |          |        |
| (7) Was observation discussed with employee at the time it was made? |                |                       |          |        |
| (1) Was observation discussed with employee at the time it was made. |                |                       |          |        |
| Yes  |                |                       |          |        |
| (8) Action taken by observer. (See Item #8)                          |                |                       |          |        |
|  |                |                       |          |        |
| Operator Commended   |                |                       |          |        |
| (9) Corrective action recommended. (See Item #9)                     |                |                       |          |        |
| None   |                |                       |          |        |
| (10) Reason for recommendation. (See Item #10)                       |                |                       |          |        |
|  |                |                       |          |        |
| Operator complied with the Rules                                     |                |                       |          |        |
|  |                | (I 1) Safety Rules in |          |        |
| (12) Signature of Foreman/Supervisor                                 | Date           | Rule Number           | Complied | Failed |
|  | 4/26/22        | # 16                  | Х        |        |
| (13) Signature of Employee Observed (See Item #13)                   | Date           |                       |          |        |
| (15) Andrews of Employee   |                |                       |          |        |
| <u></u>  | 4/26/22        |                       |          |        |
| (149 Reviewed Park   | Date           |                       |          |        |
|  | 4/2            |                       |          |        |
| (15) Signature   | Date           |                       |          |        |
| 4  |                |                       |          |        |
|  |                |                       |          |        |

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| (1) Location   | (2) Date       | (3)                   | Time     |        |
|--|----------------|-----------------------|----------|--------|
| Lindonwold Tower   | 5/3/2022       |                       | 340P     |        |
| Lindenwold Tower  (4) Employee                                       | (5) Occupation |                       | 340F     |        |
| (4) Employee   | Train Operator |                       |          |        |
| J. Prince  | Train Operator |                       |          |        |
| (6) Observation (See Item #6)  | <u></u>        |                       |          |        |
| T/O did not walk or stand under suspended loads.                     |                |                       |          |        |
| (7) Was observation discussed with employee at the time it was made? |                |                       |          |        |
| Yes  |                |                       |          |        |
| (8) Action taken by observer. (See Item #8)                          |                |                       |          |        |
| Operator Commended   |                |                       |          |        |
| (9) Corrective action recommended. (See Item #9)                     |                |                       |          |        |
| None   |                |                       |          |        |
| (10) Reason for recommendation. (See Item #10)                       |                |                       |          |        |
| Operator complied with the Rules                                     |                |                       |          |        |
|  |                | (I 1) Safety Rules in |          |        |
| (12) Signature of Foreman/Supervisor                                 | Date           | Rule Number           | Complied | Failed |
|  | 5/3/2022       | # 16                  | X        |        |
| (13) Signature of Employee Observed (See Item #13)                   | Date           | 7                     |          |        |
| 19   | 5/3/2022       | <u> </u>              |          |        |
| (14) Reviewed By   | Date           |                       |          |        |
|  | 574            | 4                     |          |        |
| (15) Sign  | Date           |                       |          |        |
|  |                |                       |          |        |
| INSTRU   | CTIONS         | 207                   |          |        |

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| (1) Location   | (2) Date               | (3                     | ) Time         |            |
|--|------------------------|------------------------|----------------|------------|
|  | 5/17/2022              |                        | 420D           |            |
| Lindenwold Tower   | (5) Occupation         |                        | 430P           |            |
| (4) Employee   | (5) Occupation         |                        |                |            |
| J. Prince  | Train Operator         |                        |                |            |
| (6) Observation (See Item #6)  |                        |                        |                |            |
| T/O complete preparing train for revenue service of                  | checklist form for eac | ch consist they i      | nspect.        |            |
| (7) Was observation discussed with employee at the time it was made? |                        |                        |                |            |
| Yes  |                        |                        |                |            |
| (8) Action taken by observer. (See Item #8)                          |                        |                        |                |            |
| Operator Commended   |                        |                        |                |            |
| (9) Corrective action recommended. (See Item #9)                     |                        |                        |                |            |
| None   |                        |                        |                |            |
| (10) Reason for recommendation. (See Item #10)                       |                        |                        |                |            |
| Operator complied with the Rules                                     |                        |                        |                |            |
|  |                        | (I 1) Safety Rules     | involved. (See | Item #1 1) |
| (12) Signature of Foreman/Supervisor                                 | Date                   | Rule Number            | Complied       | Failed     |
|  | 5/17/2022              | # 491 * Operating rule | X              |            |
| (13) Signature of Employee Observed (See Item #13)                   | Date                   |                        |                |            |
|  | 5/17/2022              | _                      |                |            |
| (14) Reviewed By   | Date                   |                        |                |            |
|  | 5/18                   | 4                      |                |            |
| (15) Signature   | Date                   | Н                      |                |            |
| //   |                        |                        |                |            |
| INSTE  | RUCTIONS               |                        |                |            |

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#### SAFETY RULE OBSERVATION

| (1) Location   | (2) Date              | (3)                   | Time     |        |
|--|-----------------------|-----------------------|----------|--------|
|  | 6/28/22               |                       |          |        |
| Lindenwold Tower   |                       |                       | 416P     |        |
| (4) Employee   | (5) Occupation        |                       |          |        |
| J. Prince  | Train Operator        |                       |          |        |
| (6) Observation (See Item #6)  |                       |                       |          |        |
| T/O used only approved, non-conducting flashlights                   | in the performance of | of duty.              |          |        |
| (7) Was observation discussed with employee at the time it was made? |                       |                       |          |        |
| Yes  |                       |                       |          |        |
| (8) Action taken by observer. (See Item #8)                          |                       |                       |          |        |
| Operator Commended   |                       |                       |          |        |
| (9) Corrective action recommended. (See Item #9)                     |                       |                       |          |        |
| None   |                       |                       |          |        |
| (10) Reason for recommendation. (See Item #10)                       |                       |                       |          |        |
| Operator complied with the Rules                                     |                       |                       |          |        |
| 0  |                       | (I 1) Safety Rules in |          |        |
| (12) Signature of Foreman/Supervisor                                 | Date                  | Rule Number           | Complied | Failed |
|  | 6/28/2022             | #18                   | Х        | 3      |
| (13) Signature of Employee Observed (See Item #13)                   | Date                  | 1                     |          |        |
|  | 6/28/2022             |                       |          |        |
| (14) Reviewed By   | 6/29/21               | 6                     | =        |        |
| (15) Signature of Director   | Date                  |                       |          |        |
|  |                       |                       |          |        |

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| (1) Location  | (2) Date               | (3)                | Time           |            |
|---|------------------------|--------------------|----------------|------------|
| (1) Location  | 8/9/2022               |                    |                |            |
| Lindenwold Tower  | 0,7,2022               |                    | 910P           |            |
| (4) Employee  | (5) Occupation         |                    |                |            |
| J. Prince   | Train Operator         |                    |                |            |
| (6) Observation (See Item #6)                                       |                        |                    |                |            |
| T/O Promptly inform immediate superior of any                       | unsafe condition, defe | ctive tool or equi | pment.         |            |
| (7) Was observation discussed with employee at the time it was made | le?                    |                    |                |            |
| Yes   |                        |                    |                |            |
| (8) Action taken by observer. (See Item #8)                         |                        |                    |                |            |
| Operator Commended  |                        |                    |                |            |
| (9) Corrective action recommended. (See Item #9)                    |                        |                    |                |            |
| None  |                        |                    |                |            |
| (10) Reason for recommendation. (See Item #10)                      |                        |                    |                |            |
| Operator complied with the Rules                                    |                        |                    |                |            |
| Man   |                        | (I 1) Safety Rules | involved. (See | Item #1 1) |
| (12) Signature of Foreman/Supervisor                                | Date                   | Rule Number        | Complied       | Failed     |
|   | 8/9/2022               | #8                 | Х              |            |
| (13) Signature of Employee Observed (See Item #13)                  | Date                   |                    | 1              |            |
|   | 8/9/2022               |                    |                |            |
| (14) Reviewed By  | Date                   |                    |                |            |
|   | 014                    |                    |                |            |
| (15) Signatur   | Date Date              |                    |                |            |
|   |                        |                    |                |            |
| INS   | TRUCTIONS              | -1-                |                |            |

First, discuss observation with employee. Next, complete the form. Then, as soon as possible, have the observed employee review, sign, and date the form. Finally, forward the form to the Director. The Director will take any necessary action and sign and date the form, thus indicating review and approval.

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- Item #11 List the number or numbers of the rule or rules involved in the observation (Item #6), indicating whether Compliance or Failure.
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970 -09239 SD-508

### SAFETY RULE OBSERVATION

| (1) Location   | (2) Date                  | (3                     | ) Time        |            |
|--|---------------------------|------------------------|---------------|------------|
| Lindenwold Yard  | 8/30/22                   |                        | 310PM         |            |
| (4) Employee   | (5) Occupation            |                        |               |            |
| J. Prince  | Train Operator            |                        |               |            |
| (6) Observation (See Item #6)  T/O J. Prince was wearing the prescribed complete uniform with the prescribed complete unif | hen he reported for duty. |                        |               |            |
| (7) Was observation discussed with employee at the time it was made?   |                           |                        |               |            |
| Yes  |                           |                        |               |            |
| (8) Action taken by observer. (See Item #8)  |                           |                        |               |            |
| Commended  |                           |                        |               |            |
| (9) Corrective action recommended. (See Item #9)   |                           |                        |               |            |
| N/A  |                           |                        |               |            |
| (10) Reason for recommendation. (See Item #10)   |                           |                        |               |            |
| N/A  |                           |                        |               |            |
|  |                           | (I 1) Safety Rules     | nvolved. (See | Item #1 1) |
| (12) Signature of Foreman/Supervisor   | Date                      | Rule Number<br>A-B (2) | Complied XX   | Failed     |
|  | 8/30/22                   | appearance             | 7.7.          |            |
| (13) organization Employee observed (peoplem #15)  | Date                      |                        |               |            |
|  | 8/30/22                   |                        |               |            |
| (14) Reviewed B  | Date                      |                        |               |            |
|  | 1/5/23                    |                        |               |            |
| (15) Signature of  | Date                      |                        |               |            |
|  |                           |                        |               |            |
| INSTRU   | CTIONS                    |                        |               |            |

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#### SAFETY RULE OBSERVATION

| (1) Location   | (2) Date              | (3)                      | Time         |            |
|--|-----------------------|--------------------------|--------------|------------|
| (1) Escation   | 9/7/2022              | 1853                     |              |            |
| Lindenwold platform  | 31112022              |                          | 426P         |            |
| (4) Employee   | (5) Occupation        |                          |              |            |
| J. Prince  | Train Operator        |                          |              |            |
| (6) Observation (See Item #6)  | •                     |                          |              |            |
| T/O operating a train and a restriction is in effect,                | Train Operators are t | o keep the com           | oleted and   | d valid    |
| form in an area of the Train Operator's Cab where                    |                       |                          |              |            |
| (7) Was observation discussed with employee at the time it was made? | ?                     |                          |              |            |
| Yes  |                       |                          |              |            |
| (8) Action taken by observer. (See Item #8)                          |                       |                          |              |            |
| Operator Commended   |                       |                          |              |            |
| (9) Corrective action recommended. (See Item #9)                     |                       |                          |              |            |
| None   |                       |                          |              |            |
| (10) Reason for recommendation. (See Item #10)                       |                       |                          |              |            |
| Operator complied with the Rules                                     |                       |                          |              |            |
|  |                       | (I 1) Safety Rules in    | wolved. (See | Item #1 1) |
| (12) Signature of Foreman/Supervisor                                 | Date                  | Rule Number              | Complied     | Failed     |
|  | 9/7/2022              | *Operating Rules<br>#736 | X            |            |
| (13) Signature of Employee Observed (See Item #13)                   | Date                  |                          |              |            |
|  | 9/7/2022              |                          |              |            |
| (14) Reviewed By   | Date                  |                          |              |            |
|  | 9/9                   | 1                        |              |            |
| (15) Signat  | 7 / Date              | 11                       |              |            |
|  |                       |                          |              |            |
| INSTE  | RUCTIONS              |                          |              |            |

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Form PATCO - 022 (01-12) IND-970-09239

| 1. Location   | 2. Date       | 4               | 3. Time     |                |
|---|---------------|-----------------|-------------|----------------|
| Linderwold Plator   | 9/22/2        | 2               | 310         | a.m. 775-m.    |
| 4. Employee   | 5. Occupation | on              |             |                |
| J. Prince   | T/0           |                 |             |                |
| 6. Observation (See Item #6)  |               |                 |             |                |
| must not near toose, ill-fitting untostered or                      | unlauttored   | apperel         |             |                |
| 7. Was Observation Discussed with Employee at the Time it was Made? |               | 11              |             |                |
| 8. Action Taken by Observer (See Item #8)                           |               |                 |             |                |
| Connended   |               |                 |             |                |
| 9. Corrective Action Recommended (See Item #9)                      |               |                 |             |                |
| 10. Reason for Recommendation (See Item #10)                        |               |                 |             |                |
|   |               | 11. Safety Rule | es Involved | (See Item #11) |
| 12. Signature of Foreman/Supervisor                                 | Date          | Rule Number     | Complied    | Failed         |
| -   | 9/22/22       | 9               | X           |                |
| 13 Signature & Employee Doserved (See Item #13)                     | Date          |                 | , ,         |                |
|   | 9/23/22       |                 |             |                |
| 14. Reviewed by   | Date          |                 |             |                |
|   | 9/2           |                 |             |                |
| 15. Signature of Dire   | Date          | 1 10            |             |                |
|   |               |                 |             |                |

#### INSTRUCTIONS

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### SAFETY RULE OBSERVATION

| (1) Location  | (2) Date                 | (3)                   | Time                    |
|---|--------------------------|-----------------------|-------------------------|
| (1) Edution   | 10/4/2022                |                       |                         |
| Lindenwold Platform   |                          |                       | 750P                    |
| (4) Employee  | (5) Occupation           |                       |                         |
| J. Prince   | Train Operator           |                       |                         |
| (6) Observation (See Item #6)                                       |                          |                       |                         |
| T/O Promptly inform immediate superior of any u                     | ınsafe condition, defect | ive tool or equi      | pment.                  |
| (7) Was observation discussed with employee at the time it was made | e?                       |                       |                         |
| Yes   |                          |                       |                         |
| (8) Action taken by observer. (See Item #8)                         |                          |                       |                         |
| Operator Commended  |                          |                       |                         |
| (9) Corrective action recommended. (See Item #9)                    |                          |                       |                         |
| None  |                          |                       |                         |
| (10) Reason for recommendation. (See Item #10)                      |                          |                       |                         |
| Operator complied with the Rules                                    |                          |                       |                         |
|   |                          | (I 1) Safety Rules in | nvolved. (See Item #1 1 |
| (12) Signature of Vareman/Supervisor                                | Date                     | Rule Number           | Complied Failed         |
|   | 10/4/2022                | #8                    | X                       |
| (13) Signature of Employee Observed (See Item #13)                  | Date                     | 11                    |                         |
|   | 10/4/2022                |                       |                         |
| (14) Reviewe  | Date                     | H                     |                         |
|   | 1015                     |                       |                         |
| (15) Signatui   | Date                     | II .                  |                         |
|   |                          |                       |                         |
| INST  | RUCTIONS                 | ASTVIH                |                         |

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