

January Safety Meeting

January 18, 2018

	<p>Welcome Ron Parker, Safety and Training Coordinator</p> <ul style="list-style-type: none"> • New Employees • Open Positions 	5 min
	<p>Route Changes Ron Parker, Safety and Training Coordinator</p> <ul style="list-style-type: none"> - Explorer - CRC 	10 min
	<p>Safety Corner Ron Parker, Safety and Training Coordinator</p> <ul style="list-style-type: none"> • Contact/Collision Cards • Inclement Weather (Hotel Policy) • Winter Driving • 10-88 Procedure 	20 min
	<p>Pedestrian Safety</p>	15 Mi
	<p>Open Forum & Questions</p>	10 min

Please print & sign the agenda.

Name: (please print): _____ (please sign) _____

Date: _____

Welcome

Ron Parker

Safety and Training Coordinator

A large, faded watermark of the Blacksburg Transit logo is positioned in the lower right quadrant of the slide. It consists of a circular arrow icon and the letters 'BT' in a large, bold, sans-serif font.

BT

New Operators

Trever Barnes

Michael Weiss

Dorice Bagenda

Luther Haynes

Kalinda Bechtold

Nathan Delp

Patrick Fields

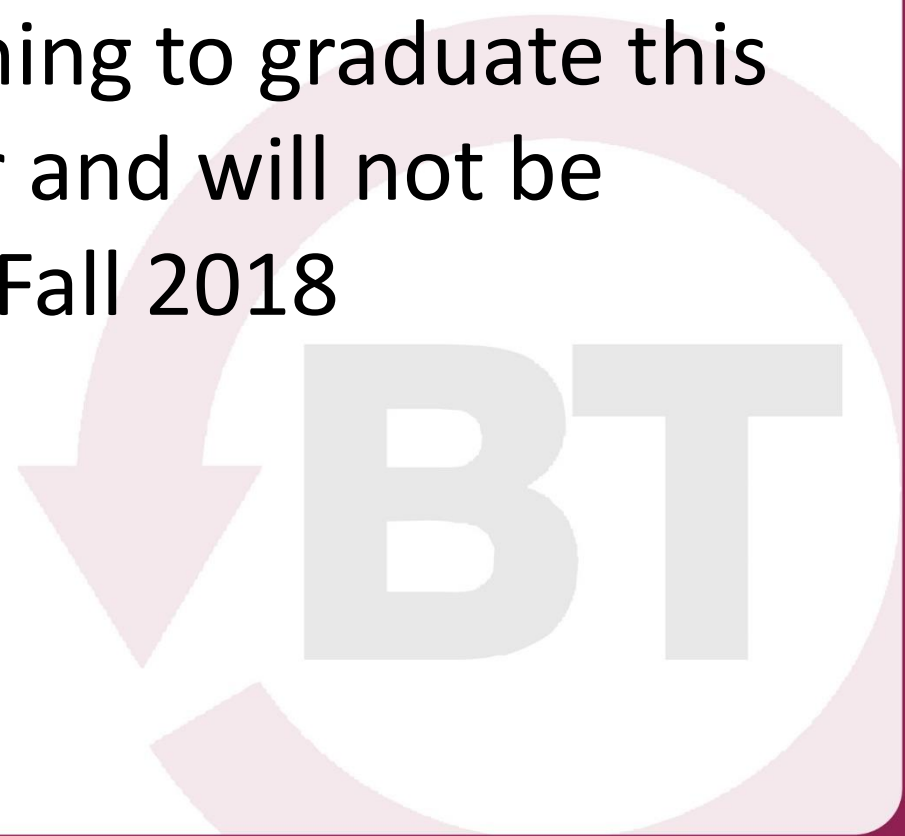
Chandler Motley

Hunter Boyer

Transportation Planning Intern: Tess Williams

Graduating?

Please send an email letting Jennifer know if you are planning to graduate this coming semester and will not be returning Fall 2018



Open Positions

- **Dispatcher:** P/T – \$14.14/hr
Apply by 5pm on 1/19
- **Maintainer:** F/T – \$22,774 – \$25,052/yr
Apply by 5pm on 2/2



Route Changes

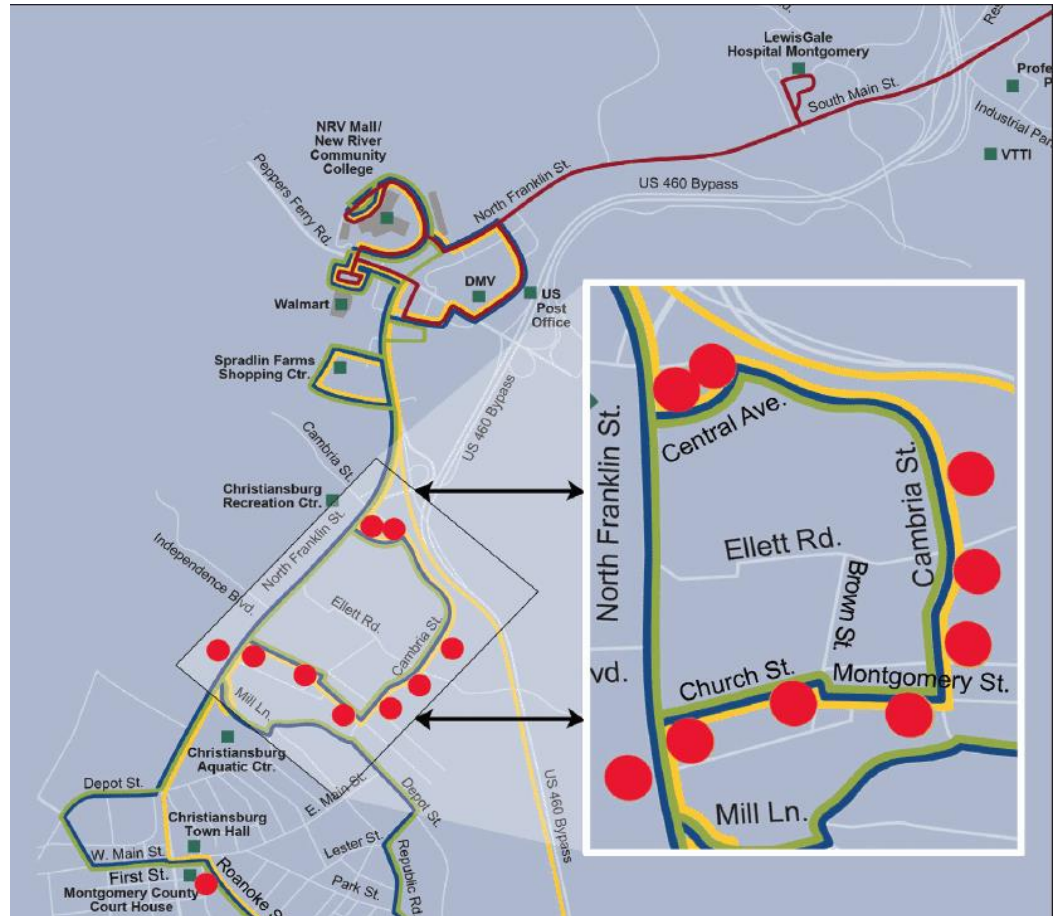
Ron Parker

Safety and Training Coordinator



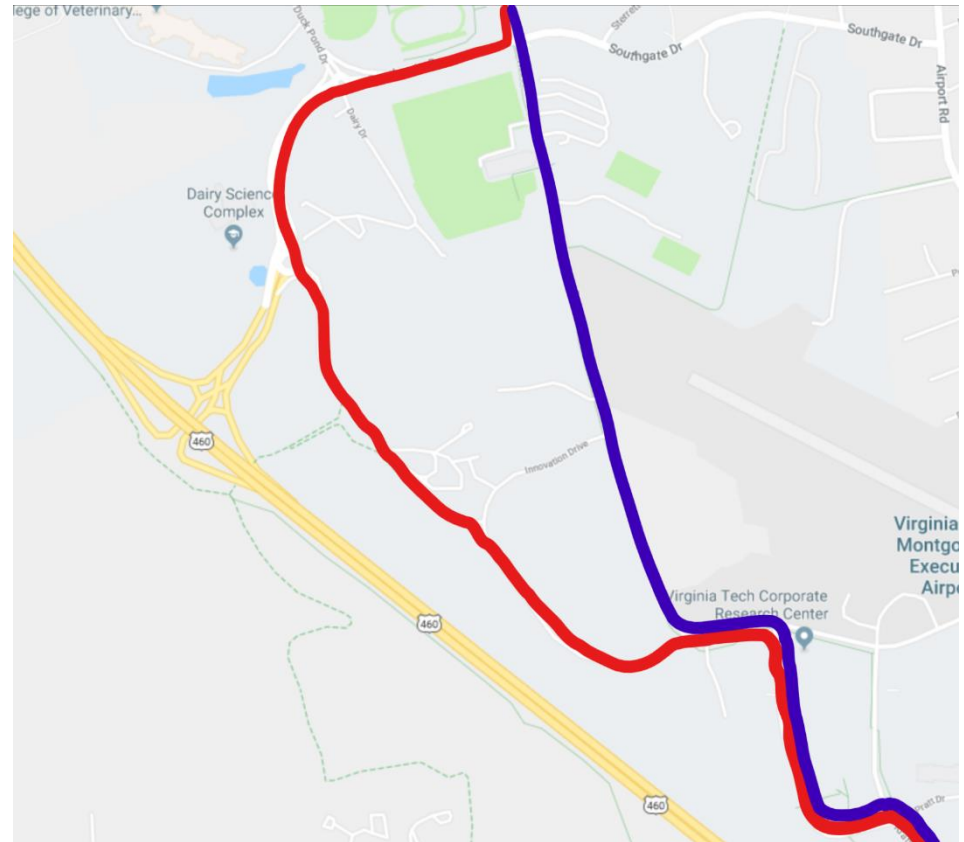
Explorer

- Affects Both Blue and Gold Loops
- Right on Church, Right on Brown, Left on Montgomery, Left on Cambria, Left on Central



Corporate Research Center

- Old Research Center is now Smoot
- The new CRC route follows the new route (red) both inbound and outbound



CRC

- [Traffic Circle Video](#)

Safety Corner

Ron Parker

Safety and Training Coordinator



BT

Contact/Collision Cards

COLLISION/CONTACT REPORT CARD

SECTION III: COLLISION INVESTIGATION & FACTS

POLICE DEPARTMENT CALLED? *BPD | VTPD | CPD | other:* _____

WEATHER CONDITIONS: *clear | overcast | fog | rain | sleet | snow*

ROAD CONDITIONS: *dry | wet | icy | snowy | other:* _____

PLEASE DESCRIBE THE COLLISION IN DETAIL: _____

OPERATOR SIGNATURE: _____ DATE: _____

SECTION IV: OTHER VEHICLES
(to be completed by supervisor)

LICENSE PLATE # AND STATE: _____

YEAR, MAKE & MODEL: _____

DRIVER'S NAME: _____

PHONE #: _____ EMAIL: _____

SECTION V: INVESTIGATING SUPERVISOR OBSERVATIONS
(If Repairable Damage is present, complete a Full Collision Report including photos)

COMMENTS: _____

INVESTIGATED BY: _____ DATE: _____

NON-PREVENTABLE CONTACT PREVENTABLE CONTACT

NON-PREVENTABLE COLLISION PREVENTABLE COLLISION

Revised 3/29/17

COLLISION/CONTACT REPORT CARD

COLLISION/CONTACT DATE: _____ TIME OF DAY: _____ am | pm

SECTION I: YOUR VEHICLE, PASSENGERS & PEDESTRIANS

OPERATOR: _____ EMPLOYEE #: _____

VEHICLE #: _____ SHIFT: _____ PASSENGER COUNT: _____

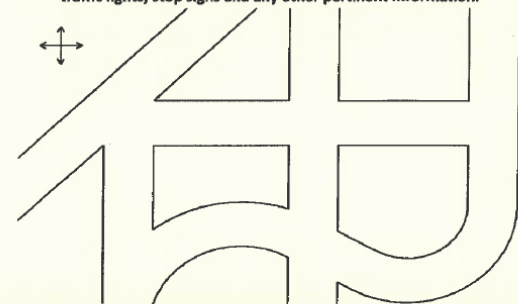
NAME OF INJURED	PHONE #	NATURE OF INJURY
_____	_____	_____
_____	_____	_____
_____	_____	_____

PEDESTRIAN INJURY (describe in detail): _____

SECTION II: COLLISION LOCATION AND SCHEMATIC

EXACT LOCATION OF COLLISION (street names, intersection, etc.): _____

Indicate on the diagram the position of vehicles, directions they were facing, traffic lights, stop signs and any other pertinent information.



! PLEASE GET WITNESS CARDS FILLED OUT !

Incident Cards

INCIDENT CARD
(please use only blue or black ink)

OPERATOR: _____ EMPLOYEE #: _____
 VEHICLE #: _____ SHIFT: _____
 WEATHER CONDITIONS: *clear | overcast | fog | rain | sleet | snow*
 ROAD CONDITIONS: *dry | wet | icy | snowy | other:* _____
 EXACT LOCATION: _____

 EXACT TIME OF INCIDENT: _____
 DESCRIBE DAMAGE TO YOUR VEHICLE: _____

 DESCRIBE THE INCIDENT THOROUGHLY: _____

 OPERATOR SIGNATURE: _____ DATE: _____

INVESTIGATING SUPERVISOR OBSERVATIONS
(to be completed by supervisor)

COMMENTS: _____

INVESTIGATED BY: _____ DATE: _____
 NON-CHARGEABLE INCIDENT CHARGEABLE INCIDENT

Revised 3/29/17

PASSENGER INJURY INCIDENT FORM

OPERATOR: _____ EMPLOYEE #: _____
 VEHICLE #: _____ SHIFT: _____ TIME: _____
 EXACT LOCATION: _____

 VEHICLE OR PASSENGER IN MOTION AT THE TIME? *yes | no*
 CONDITION OF WALKING SURFACE AT THE TIME: *wet | dry | other:* _____
 DESCRIBE WHAT OCCURRED: _____

PASSENGER INFORMATION

LOCATION OF PASSENGER: *front door | rear door | emerg. exit | other:* _____
 CONDITION OF PASSENGER: *normal | intoxicated | other:* _____
 PASSENGER FOOTWEAR: *heels | flats | boots | sneakers | other:* _____
 ANY PHYSICAL CONDITIONS? IF YES, PLEASE DESCRIBE: _____

 VISUAL SIGNS OF INJURY? IF YES, PLEASE DESCRIBE: _____

FIRST AID GIVEN? IF YES, BY WHOM?
 OPERATOR SIGNATURE: _____ DATE: _____

! PLEASE GET WITNESS CARDS FILLED OUT !
(to be completed by passenger)

NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 DATE OF BIRTH: _____ SEX: _____
 PHONE #: _____ EMAIL: _____

Use Revised Cards

- Note: Tan cards will now be used for contacts


OPERATOR SIGNATURE: _____ DATE: _____

INVESTIGATING SUPERVISOR OBSERVATIONS
(to be completed by supervisor)

COMMENTS: _____

INVESTIGATED BY: _____ DATE: _____

NON-CHARGEABLE INCIDENT CHARGEABLE INCIDENT

 Revised 3/29/17


SECTION V: INVESTIGATING SUPERVISOR OBSERVATIONS
(If Repairable Damage Is present, complete a Full Collision Report including photos)

COMMENTS: _____

INVESTIGATED BY: _____ DATE: _____

NON-PREVENTABLE CONTACT PREVENTABLE CONTACT

NON-PREVENTABLE COLLISION PREVENTABLE COLLISION

 Revised 3/29/17

Example

- Complete All Sections with Pertinent Information
- Sign and Date Cards Before Turning Them In

COLLISION/CONTACT REPORT CARD

COLLISION/CONTACT DATE: 1/18/24 TIME OF DAY: 12:45am | pm

SECTION I: YOUR VEHICLE, PASSENGERS & PEDESTRIANS

OPERATOR: John Driver EMPLOYEE #: 1234
 VEHICLE #: 6204 SHIFT: II PASSENGER COUNT: 6

NAME OF INJURED: Jane Passenger PHONE #: 555-5555 NATURE OF INJURY: Bruised Arm

PEDESTRIAN INJURY (describe in detail): None

SECTION II: COLLISION LOCATION AND SCHEMATIC

EXACT LOCATION OF COLLISION (street names, intersection, etc.):
The right hand turn from Roanoke street onto Main St. South

Indicate on the diagram the position of vehicles, directions they were facing, traffic lights, stop signs and any other pertinent information.

! PLEASE GET WITNESS CARDS FILLED OUT !

COLLISION/CONTACT REPORT CARD

SECTION III: COLLISION INVESTIGATION & FACTS

POLICE DEPARTMENT CALLED: BPD | VTPD | CPD | other: _____

WEATHER CONDITIONS: clear | overcast | fog | rain | sleet | snow

ROAD CONDITIONS: dry | wet | icy | snowy | other: _____

PLEASE DESCRIBE THE COLLISION IN DETAIL: while making the turn, I got too close to the lightpole which resulted in the side of my bus colliding with it.

OPERATOR SIGNATURE: John Driver DATE: 1/18/24

SECTION IV: OTHER VEHICLES
 (to be completed by supervisor)

LICENSE PLATE # AND STATE: _____
 YEAR, MAKE & MODEL: _____
 DRIVER'S NAME: _____
 PHONE #: _____ EMAIL: _____

SECTION V: INVESTIGATING SUPERVISOR OBSERVATIONS
 (If Repairable Damage is present, complete a Full Collision Report including photos)

COMMENTS: _____

INVESTIGATED BY: _____ DATE: _____

NON-PREVENTABLE CONTACT PREVENTABLE CONTACT
 NON-PREVENTABLE COLLISION PREVENTABLE COLLISION

Revised 3/29/17

Winter Driving

- Reduce your **speed**.
- **Get a feel for the road** – carefully test your brakes and steering in empty areas at low speeds.
- Never make **sudden moves** (turning, accelerating, braking).
- If your vehicle begins to **lose traction** and the rear slides sideways, ease off the accelerator. Gently steer in the direction you wish to go. Ease on and off brakes.
- **Keep windshield clear** – climate control always on, use fans.
- **Begin braking sooner**, and always apply brakes lightly.
- **Increase following distance**.

Policy Reminders

- **Tobacco Policy**

- Employees may not use any tobacco products or e-cigarettes in Town vehicles or within 25 feet of any entrance to a Town facility

- **Electronic Policy**

- BT prohibits employee use of personal electronic devices, either hands on or hands free, or similar devices, while operating a revenue transit vehicle
- Secure bus and exit operator area

10-88 policy

(Request to leave trip/pay sheet with relief driver)

- If you are **NOT** going to shift change, call 10-88 to shift change at the end of your shift to let them know you will **not** be meeting them.
- After calling 10-88, shift change will NOT wait for you. 10-88 means you do not need a ride and will leave your trip/pay sheet with the relief driver. **Note:** If an Operator requests to leave the trip/pay sheet with a relief driver, it is still the Operator's responsibility to ensure the trip/pay sheet reaches base
- Wait with your vehicle for the relief driver. If the relief driver has not arrived and you need to leave the bus, let shift change know of the situation. Leave WAI card in driver's seat.

10-88 policy

(Request to leave trip/pay sheet with relief driver)

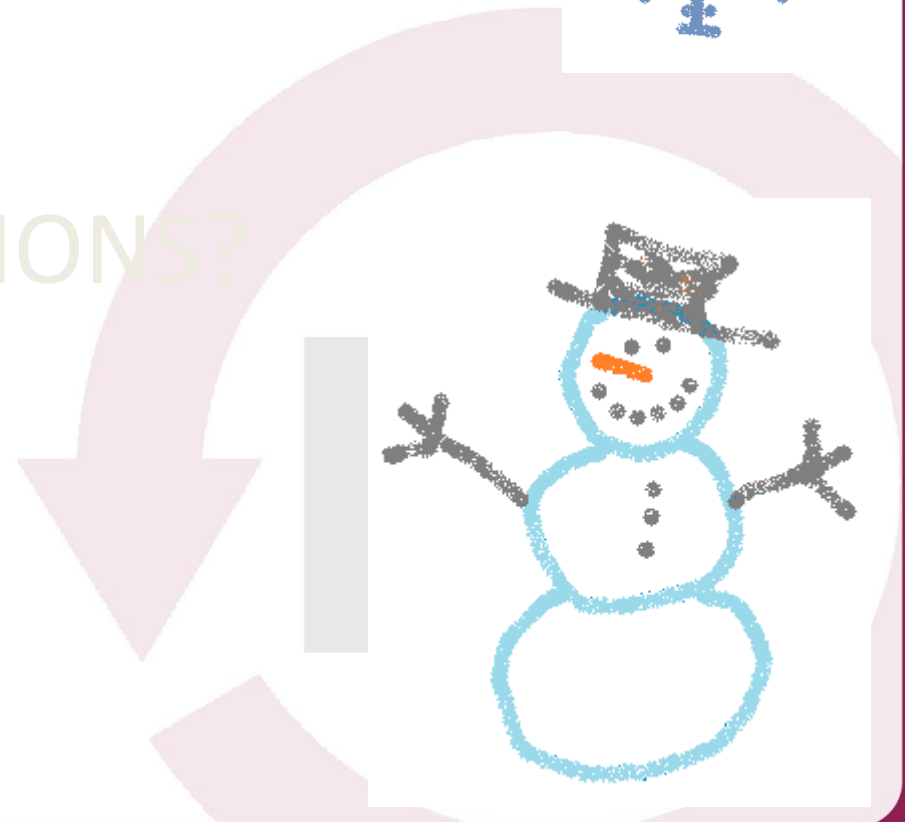
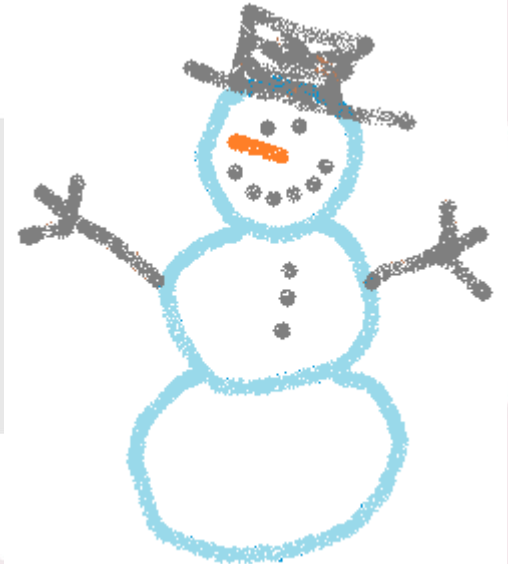
- Once the relief driver has arrived, you may leave the bus. **Note:** Leave your trip/pay sheet on the seat with the WAI card to be easily found by the relief driver.
- It is not necessary to call 10-88 if you are moving to another bus for the next shift. If you do not call 10-88 (or 10-89, *request to come to shift change*), it is assumed you are moving to another bus for your next shift.

Pedestrian Safety



Open Forum

QUESTIONS?



Please fold 2 chairs and place against that wall



BT

<https://www.youtube.com/watch?v=xhtl6lvd4lc>



