Metro Incident Checklist
Chain Marker #: ____________________  Metro Map #: ____________________

Between/At _____________________ Station & _____________________ Station

3rd Rail Status
NO ONE ON TRACK BED TILL
POWER CONFIRMATION
UP       DOWN
Track # 1 ____       ____
Track # 2 ____       ____

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

Train Movement
YES       NO
Track # 1 ____       ____
Track # 2 ____       ____

Passenger Information
Estimated # on Train _________
Exact # _______________________
Requiring EMS# _____________
Non Ambulatory # _____________

Searches
Primary ______ By __________
Secondary______ By __________

Incident Checklist
☐ Is ROC on Channel
☐ Power Confirmation
☐ WASD’s in Place
☐ Chocks in Place
☐ Flaggers
☐ Safety Officer In Station
☐ Division Supervisor in Station
☐ Water Supply
     Station ________________
     Tunnel ________________
☐ Ventilation Concerns
☐
☐ Main Entry Control Point
   _________________________

Assignment/Confirm Standpipe Coverage
Engine _____ at _____________________
Engine _____ at _____________________
Engine _____ at _____________________

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