

OPERATIONAL TESTING FORM – Dispatching/Administrative

Tester Name _____ Railroad _____ Date _____
 Employee (E1) Name _____ Signature _____
 Employee (E2) Name _____ Signature _____
 Employee (E3) Name _____ Signature _____
 Employee (E4) Name _____ Signature _____
 Location _____ Time _____

TEST	TEST DESCRIPTION	Complied / Failed				COMMENTS
		E1	E2	E3	E4	
11	Proper Radio Procedures					
20	Hazardous Materials Compliance					
20.1	Hazardous Materials Proper Placement in Train					
22	Ready for Duty					
22.1	Drug & Alcohol Compliance					
23	Blue Signal Compliance					
24	Job Briefing					
27	<i>Electronic Devices</i>					
28	PPE					
31	Mandatory Directives					
32	Main Track Switch Awareness Job Briefing					
33	Train Sheets					
34	Weather Notifications					
35	Emergency & Incident Reporting					
36	Disabled and Malfunctioning Crossings					
37	Dispatcher Transfer					
41	HOS Recordkeeping					
42	Precautions Around Tracks/Equipment					
43	Tools & Machinery					
44	Vehicle Operations					
45	Good Housekeeping					
46	Electrical Safety					
47	Lifting and Moving Materials					
48	Office Equipment					
49	Ladders					
99	Other (list in comments)					
99	Other (list in comments)					
99	Other (list in comments)					
99	Other (list in comments)					
99	Other (list in comments)					
§239	Passenger Train Emergency Preparedness Plan					