

City of Billings  
Aviation and Transit Dept.



MET TRANSIT DIVISION  
Public Transit Agency Safety Plan  
01/2022



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**TRANSIT AGENCY INFORMATION**

Accountable Executive: Rusty Logan; Transit Manager

Chief Safety Officer: Lindsay Gran; Transit Supervisor

MET Transit operates under FTA funding sources: 5303, 5307, 5339, 5310.

The Metropolitan (MET) Transit System is a division of the Aviation and Transit Department within the City of Billings located in Billings, MT. The system provides public transportation service within city limits, which includes both fixed-route bus services and ADA paratransit services (referred to as MET Plus). MET Transit has served the city with fixed-route service for over 40 years; ADA paratransit services were incorporated in 1997. The City of Billings has the largest population in the state of Montana at approximately 110,000 people and covers a geographic area of over 41 square miles. Roughly two thirds of the city are located within the Yellowstone River Valley, with the remainder of the city located north of a sandstone cliff formation above the valley; Billings is also a significant rail hub for the region, which presents a number of challenges regarding planning, development and daily operations of routes where rail and motor vehicle traffic interact.

MET Transit utilizes a fleet of twenty-five (25) buses to provide service on nineteen (19) fixed-routes, as well as fifteen (15) body-on-chassis small buses providing service across ten (10) paratransit demand-response routes. These vehicles operate from approximately 6:00 AM to 7:00 PM on weekdays and 8:00 AM to 5:30 PM on Saturdays. Further, MET Transit has three (3) separate property locations with three (3) separate facilities, consisting of the main operations facility and two transfer centers placed strategically in the city. The METroplex, located at 1705 Monad Rd is the main operations facility and consists of a large building combining the administrative offices, bus storage and fueling bays, fleet maintenance bays, and general inventory storage; this facility also has a smaller secondary building which houses the MET Transit bus wash bay. All rolling stock, equipment, and parts inventories are housed at the METroplex. The Stewart Park Transfer Center, located on Stewart Park Rd, consists of a large bus parking area with passenger shelters for transferring passengers between buses, as well as a small outbuilding which serves as a driver break area. The Downtown Transfer Center, located at 220 N. 25th St, consists of a large parking area with passenger shelters and a facility containing driver break areas, as well as offices for periodic administrative use.

**ANNUAL REVIEW & UPDATE PROCESS**

The annual review and update of this Public Transit Agency Safety Plan (PTASP) plan will coincide with the federal fiscal year. Any and all updates will be finalized and in place by



December 31<sup>st</sup> of each corresponding year. The review will be led by the Accountable Executive, Transit Manager Rusty Logan, with support from Chief Safety Officer, Transit Supervisor Lindsay Gran, as well as the remaining management team. Updates will be administered based upon operational needs, updated regulations, safety goals, employee and public feedback, as well as informed by any safety findings or issues that arise throughout the previous year.

**PLAN DEVELOPMENT, APPROVAL, AND UPDATES**

| <b>DRAFTED BY</b>                         | City of Billings- MET Transit  | December 20, 2021 |                   |
|---|--|-------------------|-------------------|
| <b>SIGNATURE OF ACCOUNTABLE EXECUTIVE</b> | <hr/> Rusty Logan- Transit Manager   | December 20, 2010 |                   |
| <b>CITY COUNCIL APPROVAL</b>              | Meeting Minutes Attached   | January 10, 2022  |                   |
| <b>FTA CERTIFICATION</b>                  |  |                   |                   |
| VERSION NUMBER AND UPDATES                |  |                   |                   |
| VERSION NUMBER                            | SECTION/PAGES AFFECTED   | REASON FOR CHANGE | DATE ISSUED       |
| 0001                                      | All  | New Document      | December 31, 2020 |
| 0002                                      | Page 2 Annual Review & Update<br>Page 11 Discipline Thresholds<br>Page 15 Safety Recognition<br>Page 22 Safety Risk Register<br>Page 23 & 24 Appendix G - Safety Assurance<br>Page 25 Appendix H - Self Reporting<br>Page 26 Appendix I – Self Report Form | Annual Review     | January 10, 2022  |

**SAFETY PERFORMANCE TARGET COORDINATION**

|   |                             |                                 |
|---|-----------------------------|---------------------------------|
| MET Transit’s Accountable Executive shares our Public Transit Agency Safety Plan, including safety performance targets, with the Technical Advisory Committee (TAC). The TAC is comprised of both State of Montana representatives and the Billings-Yellowstone County Metropolitan Planning Organization. MET personnel are available to coordinate with both the State of Montana and the MPO at any time regarding Safety Performance Target Coordination. |                             |                                 |
| <b>Targets Transmitted to the State</b>   | <b>State Entity Name</b>    | <b>Date Targets Transmitted</b> |
|   | State of Montana            | 01/10/2022                      |
|   | <b>City of Billings MPO</b> | <b>Date Targets Transmitted</b> |



|                                       |                                 |                   |
|---------------------------------------|---------------------------------|-------------------|
| <b>Targets Transmitted to the MPO</b> | Billings-Yellowstone County MPO | <b>01/10/2022</b> |
|---------------------------------------|---------------------------------|-------------------|

**ANNUAL SAFETY PERFORMANCE TARGETS**

Current targets are based off previous fiscal year operating information; for FY22, MET recorded zero (0) safety events for Fixed Route and zero (0) for paratransit. No fatalities or injuries occurred for either mode of service.

| <b>MODE OF TRANSIT SERVICE</b> | <b>FATALITIES (TOTAL)</b> | <b>FATALITIES (per 100k VRM)</b> | <b>INJURIES (TOTAL)</b> | <b>INJURIES (per 100k VRM)</b> | <b>SAFETY EVENTS (TOTAL)</b> | <b>SAFETY EVENTS (per 100k VRM)</b> | <b>SYSTEM RELIABILITY (VRM/Failures)</b> |
|--------------------------------|---------------------------|----------------------------------|-------------------------|--------------------------------|------------------------------|-------------------------------------|--|
| Fixed-Route                    | 0                         | 0                                | 0                       | 0                              | 0                            | 0                                   | 2578                                     |
| Paratransit                    | 0                         | 0                                | 0                       | 0                              | 0                            | 0                                   | 3644                                     |

**SAFETY MANAGEMENT POLICY**

|   |
|---|
| <p><b>Safety Management Policy Statement</b></p> <p>MET Transit is dedicated to maintaining a safe operation while providing the City of Billings with a cost effective and efficient public transportation system. MET has developed the following policies to facilitate a safe working environment for employees, customers, and the general public.</p> <p>The purpose of this plan is to provide a structured safety management approach that effectively controls operational safety risks and continuously improves the division’s safety performance:</p> <ul style="list-style-type: none"> <li>• Document a top-down commitment from management and a commitment from employees, contractors, and the general public to achieve safety goals</li> <li>• Establish a chain of control to document implementation of the PTASP through guidelines, policies, and provisions</li> <li>• Identify safety management roles and responsibilities that outline ownership at every level</li> <li>• Establish the Agency’s safety goals and objectives while ensuring MET is following industry safety practices and federal recommendations</li> <li>• Set safety performance targets to ensure MET achieves its safety objectives.</li> <li>• Define acceptable levels of safety performance for provided services</li> </ul> |
|---|

- Provide a framework and guidance to implement, evaluate, and continuously improve safety policies, the safety risk management processes, and the achievement of related goals and objectives
- Establish safety programs that document MET Transit’s commitment to safety

This PTASP applies to all MET Transit operations and related activities. All MET facilities fall under the same requirements that equipment, supplies, practices, and procedures meet or exceed applicable federal, state, and local standards, as well as the MET Transit Safety Management Systems (SMS) standards.

**Safety Management Policy Communications**

Rusty Logan, MET’s Transit Manager and Accountable Executive, informed our staff of the implementation of our PTASP plan in August of 2020. MET Transit distributes a hard copy of the Safety Management Policy to each employee, as well as posts the policy on the MET Transit website. MET Transit utilizes a safety bulletin board in the breakroom where the policy and all supporting documents will be displayed. MET has formed a safety committee comprised of management, operators, and administrative personnel to carry out and continually evaluate various aspects of the safety plan. Further, the safety committee will provide a platform for employees to communicate safety concerns and allow management to communicate mitigation updates. All new hires will be given a one-on-one introduction to MET’s Safety Management Policy.

**Authorities, Accountabilities, and Responsibilities**

|                                     |  |
|-------------------------------------|--|
| <p><b>Accountable Executive</b></p> | <p>The Transit Manager’s responsibilities for the SMS Plan include:</p> <ul style="list-style-type: none"> <li>• Acts as the division’s safety advocate</li> <li>• Maintains authority for major financial issues</li> <li>• Directs responsibility for the conduct of the division’s affairs</li> <li>• Has final authority over division operations</li> <li>• Establishes and promotes safety policy</li> <li>• Collaborates with Management Staff to establish the division’s safety objectives and targets</li> <li>• Has final responsibility for the resolution of all safety issues</li> </ul> |
| <p><b>Chief Safety Officer</b></p>  | <p>A designated Transit Supervisor will serve as the Agency’s Chief Safety Officer (CSO) and has the oversight authority and responsibility for implementing the division’s Safety Management System (SMS). The CSO reports directly to the Transit Manager. The CSO is responsible for providing resources</p>  |

|  |  |
|--|--|
|  | <p>and executive-level safety advocacy and direction to Transit Supervisors who manage day-to-day implementation and operation of the Division’s SMS.</p>  |
| <p><b>Agency Leadership</b></p>        | <p>The role of the Transit Supervisor is to assist the CSO in maintaining safe operations. The duties of the Transit Supervisor include taking a lead role in:</p> <ul style="list-style-type: none"> <li>• Developing/maintaining safety policies, plans, procedures, and processes, along with developing and maintaining a proactive SMS Plan/program</li> <li>• Providing advice for developing realistic and data-driven safety performance indicators and targets</li> <li>• Providing advice, interpretation, and recommendations over technical matters such as safety design and systems in new bus purchases, facility renovations, decommissioning of old equipment, and other areas including but not limited to: standards for safe working, job hazard analyses, and assisting with the development of Standard Operating Procedures (SOPs)</li> <li>• Leading the development of safety training, competency and awareness programs, and providing advice, input, and final review in the development of training activities</li> <li>• Tailor safety management plans for conduct of operations based upon risk</li> <li>• Engaging in Risk Management in safety audit activities, including verifying compliance with the SMS Plan with relevant guidelines and standards</li> <li>• Allocate safety resources based on work, associated hazards and importance of facilities/operations</li> <li>• Provide training and education programs that maintain competency in safety- critical areas</li> <li>• Measure and report program effectiveness in a form that is useful and relevant</li> <li>• Road supervision and addressing of customer complaints</li> <li>• Administration of daily safety messages before operators begin their shift</li> </ul> |
| <p><b>Key Staff and Activities</b></p> | <p>MET Transit has an internal safety committee and quarterly staff meetings to support its SMS and safety programs:</p> <ul style="list-style-type: none"> <li>• Quarterly Staff Meetings: Hazard reports and mitigations will be shared; safety topics will be brought</li> </ul>  |

|   |  |
|---|--|
|   | <p>up and discussed. Any safety concerns or further information will be documented.</p> <ul style="list-style-type: none"> <li>• Safety Committee: The internal safety committee will meet monthly to discuss hazards, mitigations, and any further safety issues that may arise. The safety committee will be used as a vehicle for further employee safety reporting and communication.</li> </ul> |
| <p><b>Employee Safety Reporting Program</b></p>   |  |
| <p>At MET Transit, the objective is to cultivate and foster a proactive safety culture in which employees are comfortable and encouraged to bring safety concerns to the attention of MET Management. MET recognizes that employees are most familiar with the details of their respective jobs and work environment, which makes their input crucial to maintaining safety in the workplace. Therefore, when witnessing an unsafe act or noticing an unsafe condition, near miss, or unsafe act, employees must promptly report the unsafe condition or act to a Transit Supervisor, Chief Safety Officer, or Transit Manager. Employees should receive a clear answer with a plan for correcting the issue.</p> <p>No person will be penalized or retaliated against for bringing safety issues to the attention of management. This statement does not apply to information received from a source other than the employee, or which involves an illegal act, or a deliberate or willful disregard of policy, regulations, or procedures.</p> <p>There are several ways employees can report their safety concerns to management:</p> <ol style="list-style-type: none"> <li>1) Report directly to a Transit Supervisor</li> <li>2) Report directly to the Chief Safety Officer</li> <li>3) Report directly to the Transit Manager</li> <li>4) Submit a safety concern anonymously via the safety suggestion box, located in the employee METroplex break area</li> <li>5) Report minor safety concerns to transit dispatch</li> </ol> <p>All safety concerns and comments are reviewed with follow-up by the direct supervisors in a timely manner.</p> <p>Examples of information typically reported include:</p> <ul style="list-style-type: none"> <li>• Safety concerns in the operating environment (potholes, water main break, etc.)</li> <li>• Policies and procedures that are not working as intended</li> <li>• Information regarding safety events (perhaps lack of radio communication or failure of equipment)</li> </ul> <p>The Chief Safety Officer will review and document all safety items as needed. Forms can be submitted to the safety suggestion box or directly turned in to supervisors. All safety reporting forms are as follows:</p> |  |

- All near misses, safety events, or hazards will be reported on the Safety Reporting Form, which can be found in Appendix A.
- Vehicle breakdowns will be logged on a spreadsheet by transit dispatchers daily. The vehicle breakdown sheet can be found in Appendix B.
- City of Billings Harassment Report Form can in be found in Appendix C.
- City of Billings Workplace Violence Report form can be found in Appendix D.
- MET Transit Safety Risk Register can be found in Appendix E.
- City of Billings Incident Report Form can be found in Appendix F.
- Self Reporting/Near Miss Form can be found in Appendix I.

## SAFETY RISK MANAGEMENT

### Safety Risk Management Process

A Hazard is defined as “a condition with the potential to cause harm.” Risk management is a systematic approach to manage workplace hazards. It is essential that management identifies, evaluates, and determines the means to reducing risks to an acceptable level to protect employees, visitors, third party contractors, and others who are physically present in the workplace. Risk management also protects assets and considers how to avoid losses.

After hazards and their potential impact have been identified, MET’s Transit Supervisors conduct a Safety Risk Assessment to determine the seriousness of the risk. Factors considered include the likelihood of occurrence, the severity of the consequences should there be an occurrence, and the level of exposure to the hazard.

The evaluation consists of:

- Existing controls –Existing processes, devices, practices, or controls that act to minimize threats or enhance opportunities, including an indication of how they might be of influence
- Consequence – A description and rating of the consequence of a risk, in terms of the loss or gain that may be experienced if the risk event occurs
- Likelihood – A description and rating of the likelihood of the risk for the full range of risk event consequences (for opportunities, it is the likelihood of the stated gain being realized if the opportunity is pursued).

MET Transit supervisory staff will assess safety risks utilizing the Safety Risk Matrix. Results of the risk evaluation process will help prioritize the risk and determine whether it is being appropriately managed or controlled. If the risks are acceptable, the hazard will need further monitoring. If the risks are unacceptable, MET will take necessary steps to lower the risk to an acceptable or tolerable level, or to remove or avoid the hazard.

When contractors work on transit property, it is expected that they wear necessary personal protective equipment and follow all safety protocols put in place by MET. This is essential for

the safety of passengers, transit employees, contractors, and protection of transit property. MET Transit has a duty to inform contractors when knowledge of hazards exists. Any unsafe act observed by the contracting agency must be addressed, up to and including, work stoppage. All unsafe contractor behaviors will be recorded on MET's Safety Reporting Form, which can be found in Appendix A.

### **Safety Hazard Identification**

Hazard identification and hazard analysis are tools the division uses to identify and address hazards before they escalate into incidents or accidents. At MET Transit, hazards are identified through the following activities:

- Employee safety reporting
- Customer service reporting
- Observations of operations
- Safety inspections
- Incident reporting and investigation
- Incident, injuries, and accident history
- Items discussed at the MET Transit Staff Meetings
- Legislation and industry standards
- Data trending reports made available through incident, injury and accident history, insurance carriers and pools, and local authorities
- Review and audit of safety policies and procedures, and safety instructions for equipment and materials
- Random camera footage review, ride-alongs with operators, or direct field observation performed by a Transit Supervisor

When hazards are identified, they are addressed by:

- Immediate resolution
- Reporting to a higher level within the organization
- Reporting the hazard to the representative Transit Supervisor
- Inputting the risk into the Safety Risk Register, which can be found in Appendix G, so that all mitigations are available for employee viewing
- Utilizing MET's lock-out tag-out policy when deemed necessary

### **Safety Risk Assessment**

All identified and system accepted hazards, near-miss situations, and safety events that occur shall be risk assessed. Safety risk assessment will be conducted for the "as reported" hazardous condition and again conducted for the "mitigated" condition. Additionally, and separated to individual proactive reports, system-wide annual risk assessments will be conducted. The risk assessment and risk control process shall be reviewed and revised:

- As a part of MET Transit's safety meetings
- As applicable due to new or revised activities or procedures
- Annually by management

A safety risk assessment has two elements: hazard severity and hazard probability. Hazard severity is a qualitative determination of the worst likely case that could be anticipated because of human error, poor design, failure or malfunction of component(s). Hazard severity ratings are as follows:

- Catastrophic – Operating conditions are such that human error, poor design, failure or malfunction of components may commonly cause multiple deaths, numerous casualties or major system loss. Catastrophic hazards require immediate cessation of the unsafe activity or operation.
- Significant – Operating conditions are such that human error, poor design, failure or malfunction of components may commonly cause death, limited casualties or significant system loss that will require immediate termination of the unsafe activity or operation.
- Moderate – Operating conditions are such that human error, environment, poor design, failure or malfunction of components or procedural deficiencies may commonly cause severe injury, or major subsystem damage requiring immediate corrective action.
- Low – Operating conditions are such that they commonly cause minor injury, minor occupational illness, or minor system damage. Human error or component failures can be controlled or counteracted.
- Negligible – Operating conditions are such that human error, poor design, failure or malfunction of components may commonly cause no, or less than minor injury, occupational illness, or system damage. Hazard probability is a subjective measure of likelihood that a specific hazard will occur during the useful life of the asset.

Hazard probability is categorized as follows:

- Frequent – Likely to occur frequently
- Probable – Likely to occur several times
- Occasional – Likely to occur sometimes
- Remote – Unlikely but possible to occur
- Improbable – So unlikely that it can be rejected from consideration

Hazard severity and probability can be considered using a Risk Assessment Matrix. A Risk Assessment Matrix helps to assess the level of risk (risk rating) for each identified hazard and subsequent control measures to apply through hazard resolution or mitigation, to rank the prioritization of limited resources in the event that more hazards are identified than budget allocation allows for the implementation of hazard elimination or mitigation measures.

**RISK RATING = LIKELIHOOD x SEVERITY**

|  |              |   |                   |        |            |          |          |
|--|--------------|---|-------------------|--------|------------|----------|----------|
| <b>S<br/>E<br/>V<br/>E<br/>R<br/>I<br/>T<br/>Y</b> | Catastrophic | 5 | 5                 | 10     | 15         | 20       | 25       |
|  | Significant  | 4 | 4                 | 8      | 12         | 16       | 20       |
|  | Moderate     | 3 | 3                 | 6      | 9          | 12       | 15       |
|  | Low          | 2 | 2                 | 4      | 6          | 8        | 10       |
|  | Negligible   | 1 | 1                 | 2      | 3          | 4        | 5        |
|  |              |   |                   | 1      | 2          | 3        | 4        |
|  |              |   | Improbable        | Remote | Occasional | Probable | Frequent |
|  |              |   | <b>LIKELIHOOD</b> |        |            |          |          |

  

|              |               |
|--------------|---------------|
| Catastrophic | STOP          |
| Unacceptable | URGENT ACTION |
| Undesirable  | ACTION        |
| Acceptable   | MONITOR       |
| Desirable    | NO ACTION     |

**Safety Risk Mitigation**

If a risk is deemed unacceptable, risk controls are developed that will either eliminate the risk or mitigate the risk to an acceptable level. After mitigations are developed, the Chief Safety Officer will reassess the new controls to ensure they do not produce an alternative risk. A second assessment of the new control will be conducted following the same procedure. Once satisfied that residual risk has been mitigated to an acceptable level, the new process/solution will be implemented and documented.

Many different means are employed to resolve identified hazards. These include, but are not limited to design changes, the installation of controls and warning devices, and the implementation of special procedures. The methods for resolving hazards are as follows:

- *Design for Minimum Risk* – From the initial design, eliminate hazards through design selection.
- *Safety Devices* - Hazards that cannot be eliminated or controlled through design selection shall be controlled using fixed, automatic, or other protective safety design features or devices. The division will perform periodic checks of safety devices.
- *Warning Devices* - When neither design nor safety devices can effectively eliminate or control an identified hazard, devices may be used to detect and generate an adequate warning signal to correct the hazard or evacuate employees. Warning signals shall be

designed to minimize the probability of employees responding incorrectly to signals and shall be standardized within similar systems.

- *Procedures and Instruction* - Where it is impossible to eliminate or adequately control a hazard through design selection, engineering or use of safety and warning devices, the agency will use procedures and training to control the hazard. Procedures may include the use of personal protective equipment. Precautionary notations shall be standardized as specified by management; safety critical tasks and activities may require employees to be certified.

Other sources of information:

- *Risk Management or Safety Guidelines* – Provide requirements across MET Transit based on policy, legislation or regulation (e.g., operator’s manual, City of Billings Human Resources Employee Manual).
- *Safe Work Instructions* – MET Transit-specific procedures and instructions developed and used by management to manage health and safety and implement the SMS within the team.

When to use Safety Risk Mitigation:

- *Daily Operational Systems Assessment* - Methods that provide real-time feedback of safety compliance, adherence to established safety norms, or identified job hazards.
- *Design* – Steps taken to ensure safety requirements are considered in the planning, operation, and disposal of all items including shops, facilities, and equipment.
- Performance of asset condition assessments and SMS hazard analysis to ensure compliance with State of Good Repair standards.

Safety Risk Matrix Discipline Thresholds

- *Score of 15 or Above: Stop or Urgent Action* - Any risk that has been given a score of 15 or higher will result in a corrective action. Per the Risk Matrix these scores would require urgent action or cessation of action.
- *Score of 12 or below: Action* - Risks that have been given a score of 14 or below may result in a corrective action. MET Transit’s goal is to provide training and guidance to prevent incidents and risky behavior. Risks given a score of 14 below will be addressed with additional training and coaching letters; however, operators that are found to have repetitive risk behavior may be subject to disciplinary action.

## **SAFETY ASSURANCE**

The purpose of Safety Assurance is to evaluate the overall effectiveness of safety risk controls established under Safety Risk Management and MET Transit PTASP. MET Transit is responsible for monitoring and evaluating the operations system to ensure that: 1) emerging risks are identified, 2) MET is in compliance with regulatory requirements applicable to the

SMS plan, and 3) the organization meets or exceeds its safety objectives through the collection, analysis and assessment of data regarding the organization's performance. MET Transit's safety assurance activities for supporting oversight and performance evaluation includes, but is not limited to:

- Quarterly Safety Meetings
- Monthly Safety Committee Meetings
- Safety Inspections
- Risk Assessment
- Internal Audits
- Employee Reporting
- Regular review of onboard and facility camera footage to assess employees and specific incidents
- Regular in field and on the job observation of employees
- Regular vehicle inspections and preventative maintenance
- Annual employee evaluations
- Regular mitigation review to determine identified mitigations that may be ineffective, inappropriate, or not implemented as they were intended.

MET's Chief Safety Officer and supervisory team will document all activities listed above. Upon review the MET team will make appropriate changes to safety practices to ensure that all mitigations are deemed effective.

### **Safety Event Investigation**

Documented procedures are maintained for conducting safety investigations of events (accidents, incidents, and occurrences, as defined by FTA) to find causal and contributing factors and review the existing mitigations in place at the time of the event.

The Chief Safety Officer maintains all documentation of investigation policies, processes, forms, checklists, activities, and results. Safety event investigations are chaired by the Chief Safety Officer and will include Transit Supervisors and the Accountable Executive. The following determinations will need to be made:

- The accident was preventable or non-preventable;
- Personnel require discipline or retraining;
- The causal factor(s) indicate(s) that a safety hazard contributed to or was present during the event; and
- The accident appears to involve underlying organizational causal factors beyond just individual employee behavior

Employees violating mitigations of and policies to prevent catastrophic and unacceptable risks will result in disciplinary action, while undesirable and lower risks will require further

investigation on a case by case basis. All risk violations will be addressed directly with an employee by a Transit Supervisor. Refresher training will be provided to the identified employee as appropriate.

### **Monitoring of Safety Reporting**

MET Transit's Chief Safety Officer and Safety Committee routinely review safety data captured in employee safety reports, safety meeting minutes, customer complaints, and other safety communication channels. When necessary, the Chief Safety Officer or Safety Committee may make recommendations to ensure concerns are investigated through the Safety Risk Management Process.

The Chief Safety Officer and Safety Committee also review internal and external audits to ensure compliance with all MET Transit safety regulations.

## **SAFETY PROMOTION**

### **Training**

The comprehensive safety training program applies to all employees directly responsible for safety, including:

- Transit operators,
- Dispatchers,
- Mechanics and Fleet Service Techs,
- Transit Supervisors,
- Chief Safety Officer, and
- Accountable Executive.

Resources are dedicated to conduct a comprehensive safety training program, as well as training on SMS roles and responsibilities. The scope of the safety training, including annual refresher training, is appropriate to each employee's individual safety-related job responsibilities and their role in the SMS.

Operations safety-related skill training includes the following:

- New-hire transit operator classroom and hands-on skill training,
- Transit Operator refresher training,
- Classroom and on-the-job training for dispatchers,
- Classroom and on-the-job training for Transit Supervisors,
- Accident investigation training for the Chief Safety Officer, Transit Supervisors and Accountable Executive.

Vehicle maintenance safety-related skill training includes the following:

- Ongoing vehicle maintenance technician skill training,
- Ongoing skill training for vehicle maintenance Transit Supervisor,
- Ongoing hazardous material training for mechanics, fleet services technicians, and
- Training provided by vendors.

The Accountable Executive, Chief Safety Officer, and Transit Supervisors must complete FTA'S SMS Awareness online training.

### **Safety Communication**

The Chief Safety Officer and Transit Supervisors, coordinate safety communication activities for the SMS. Activities focus on the three categories of communication activity established in 49 CFR Part 673 (Part 673):

- **Communicating safety and safety performance information throughout the agency:**  
Information is communicated on safety and safety performance through the MET Transit Safety Bulletin Board and with a permanent agenda item in all quarterly Drivers' Meetings dedicated to safety. Information typically conveyed during these meetings includes safety performance statistics, lessons learned from recent occurrences, upcoming events that may impact service or safety performance, and updates regarding SMS implementation, policy, and procedures. Requests for information from drivers during these meetings is also recorded in meeting minutes.
- **Communicating information on hazards and safety risks relevant to employees' roles and responsibilities throughout the agency:**  
As part of new-hire training, safety policies and procedures are distributed, included in the Employee Handbook, to all employees. Training is provided on these policies and procedures and discussed during safety talks between Transit Supervisors and bus operators and vehicle technicians. For newly emerging issues or safety events at MET, the Chief Safety Officer issues bulletins or messages to employees that are reinforced by Transit Supervisors in one-on-one or group discussions with employees.
- **Informing employees of safety actions taken in response to reports submitted through the Employee Safety Reporting Program:**  
Targeted communication to inform employees of safety actions taken in response to reports submitted through the Employee Safety Reporting Program is provided, including handouts and flyers, safety talks, updates to bulletin boards, and one-on-one discussions between employees and supervisors.

### **Safety Recognition**

MET Transit would like to recognize employees that exemplify workplace safety.

### **Policy**

- Annually
  - On their anniversary date, each employee will be eligible to receive a pin recognizing their dedication to safety. Pins will be awarded during each employee's annual evaluation.
    - To receive a pin an employee must be in good safety standing. During the annual evaluation a supervisor will review supervisor notes, corrective actions, and any other information in an employees personnel file to determine pin eligibility.
- Milestone Years
  - Beginning at 5 years of safe service an employee will receive a MET Transit coat with years of safe service embroidered on it.
  - Coats will be distributed on employee anniversaries in increments of 5 years.
    - MET Transit will be responsible for the initial cost of each coat; however, if during the 5 years the coat needs replacement, the employee can utilize their uniform budget to have it replaced.

\*MET Transit will be starting the coat program retroactively, meaning that we will comb through each employee's record from their start date and awarding safety items accordingly.

**COMMONLY USED ACRONYMS**

| <b>Acronym</b> | <b>Word or Phase</b>               |
|----------------|------------------------------------|
| PTASP          | Public Transit Agency Safety Plan  |
| CSO            | Chief Safety Officer               |
| ESRP           | Employee Safety Reporting Program  |
| FTA            | Federal Transit Administration     |
| MPO            | Metropolitan Planning Organization |
| SMS            | Safety Management System           |
| SRM            | Safety Risk Management             |



APPENDIX A – NEAR MISS/ HAZARD IDENTIFICATION FORM

City of Billings MET Transit
Near Miss/Hazard Identification Report

Form with sections: A. Near Miss/ Hazard Description (Complete all that apply), checkboxes for Near Miss and Workplace Hazard, and fields for Date, Employee, Location and Unit Number, and Reported to Supervisor.

Form with sections: Describe the near miss/ hazard, Root Cause(s)/Contributing Factor(s), Mitigation Action Taken (If necessary), Immediate, and Long Term.

B. Environmental (Check or complete all that apply)



| Potential Release (gas, liquid, solid) | Estimated Amount | Unit of Measure |
|--|------------------|-----------------|
|  |                  |                 |

|  |       |
|--|-------|
| <b>C. Mitigation Action Complete</b>   |       |
| Supervisor Signature:  | Date: |
| Employee Signature:  | Date: |
| <b>D. Corrective Action (If applicable)</b>                                    |       |
| <input type="checkbox"/> Oral Warning <input type="checkbox"/> Written Warning |       |
| Employee Signature:  | Date: |
| Supervisor Signature:  | Date: |





**APPENDIX C – HARRASMENT REPORT FORM**

**CITY OF BILLINGS  
HARRASMENT REPORT**  
(Submit to Human Resources)

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Department/Divison: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**STATEMENT:**

Name(s) of Witnesses:  
\_\_\_\_\_

Description of Incident: (Describe in your own words the actions of all involved - attach additional pages if necessary)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that Human Resources will conduct an investigation of my report. A report of harassment, its investigation, the outcome of the investigation and any action taken relating to a specific employee is confidential. Dissemination of confidential information shall be limited to persons with a need to know in order to conduct an investigation and take appropriate corrective action.

I hereby authorize dissemination of information regarding this report to other persons with a need to know.

I acknowledge that I have read and understand the above statements and certify that all information I have provided is true to the best of my knowledge.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Submitted to: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**March 2004**



**APPENDIX D – WORKPLACE VIOLENCE REPORT FORM**

**CITY OF BILLINGS  
REPORT OF WORKPLACE VIOLENCE  
(Submit to Human Resources)**

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Department/Division: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**STATEMENT:**

Name(s) of Witnesses:  
\_\_\_\_\_  
\_\_\_\_\_

Description of Incident: (Describe in your own words the actions of all involved - attach additional pages if necessary)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that Human Resources will conduct an investigation of my report. A report of workplace violence, its investigation, the outcome of the investigation and any action taken relating to a specific employee is confidential.

Dissemination of confidential information shall be limited to persons with a need to know in order to conduct an investigation and take appropriate corrective action.

I hereby authorize dissemination of information regarding this report to other persons with a need to know.

I acknowledge that I have read and understand the above statements and certify that all information I have provided is true to the best of my knowledge.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Submitted to: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**March 2004**

**APPENDIX E- SAFETY RISK REGISTER**

|  <b>SAFETY RISK REGISTER</b> |                                       |                           |  |                                     |  |   |                                      |                                  |                |
|---|---------------------------------------|---------------------------|--|-------------------------------------|--|---|--------------------------------------|----------------------------------|----------------|
| Risk ID #   | Risk Identification/ Description/Date | Risk Evaluation (1 to 25) | Risk Impact Time Horizon (short term or long term/phase) | Risk Control (Internal or external) | Area of Impact (time, cost, quality, other projects) | Response Strategy (Eliminate, reduce likelihood, reduce impact, accept, transfer) | Assigned Staff Member to Handle Risk | Risk Evaluation After Mitigation | Date Completed |
| 1   |                                       |                           |  |                                     |  |   |                                      |                                  |                |
| 2   |                                       |                           |  |                                     |  |   |                                      |                                  |                |
| 3   |                                       |                           |  |                                     |  |   |                                      |                                  |                |
| 4   |                                       |                           |  |                                     |  |   |                                      |                                  |                |
| 5   |                                       |                           |  |                                     |  |   |                                      |                                  |                |
| 6   |                                       |                           |  |                                     |  |   |                                      |                                  |                |
| 7   |                                       |                           |  |                                     |  |   |                                      |                                  |                |
| 8   |                                       |                           |  |                                     |  |   |                                      |                                  |                |
| 9   |                                       |                           |  |                                     |  |   |                                      |                                  |                |
| 10  |                                       |                           |  |                                     |  |   |                                      |                                  |                |



APPENDIX F – CITY ACCIDENT/INJURY REPORT



(Revised May '07)

CITY of BILLINGS ACCIDENT/INJURY FORM

- REPORT OF:  Employee on-the-job injury\*  
 (Check all that apply)  Occupational illness\*  
 Damage to City property  
 Damage to citizen's property or person

THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE SAFETY OFFICER. EMAIL TO [vergerj@ci.billings.mt.us](mailto:vergerj@ci.billings.mt.us) or FAX TO 657-8390, or SEND VIA COURIER. A DRAFT COPY IS REQUESTED AS SOON AS POSSIBLE, EVEN IF/WHILE YOU ARE ATTEMPTING TO ROUTE FOR REVIEW AND SIGNATURES.

EMPLOYEE

Employee: \_\_\_\_\_ Dept & Position: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

INCIDENT

Date & Time of Incident: \_\_\_\_\_ Address/Location of Incident: \_\_\_\_\_

Describe what occurred: \_\_\_\_\_

Investigating Police Officer: \_\_\_\_\_ Report No.: \_\_\_\_\_

**CDL Holders:** Was employee drug/alcohol tested?  Yes  No If no, why not \_\_\_\_\_  
 (Employee must be immediately tested if any of the following occurs: 1) Fatality; 2) Medical Treatment away from scene & City driver cited; 3) Disabling damage to any vehicle & City driver cited).

EMPLOYEE INJURY

Type of Injury and Part(s) of Body \* \_\_\_\_\_  
 (\*Be specific. e.g., sprained R ankle, bruised L wrist, etc.)

Did or will the employee seek medical treatment?  Yes  No Name of Dr./Hospital: \_\_\_\_\_

Type of medical treatment: \_\_\_\_\_  
 (Must submit doctor's statement/restrictions/release)

Did a doctor remove the employee from work?  Yes  No Date(s) of absence: \_\_\_\_\_

Did a doctor impose restrictions or limitations due to this injury?  Yes  No

If yes, explain: \_\_\_\_\_

*{This is my claims for workers' compensation benefits due to an on-the-job injury, occupational disease or death of the above named worker . I understand that signing this claim for compensation authorizes the release of rehabilitation records, Social Security records and health care information (medical records) relevant to this claim to the workers' compensation insurer and insurer's agents. I also understand that if I obtain or exert unauthorized control over workers' compensation benefits, I may be fined and/or imprisoned.}*

CITY VEHICLE AND/OR OTHER CITY PROPERTY

Description of Property \_\_\_\_\_

Vehicle Year, Make & Model \_\_\_\_\_ Vehicle No.: \_\_\_\_\_

Description of Damage (Attach/Enclose photos): \_\_\_\_\_



**CITIZEN/OTHER PARTY INFORMATION**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone(s): \_\_\_\_\_

City/ST/Zip \_\_\_\_\_ Phone(s): \_\_\_\_\_

Driver Name (if different than above): \_\_\_\_\_ Phone(s): \_\_\_\_\_

Owner Name (if different than above): \_\_\_\_\_ Phone(s): \_\_\_\_\_

Description of Damage (Attach/Enclose photos): \_\_\_\_\_

Vehicle Year/Make/Model: \_\_\_\_\_ License Plate No.: \_\_\_\_\_ VIN: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy No: \_\_\_\_\_

Agent: \_\_\_\_\_ Agent Phone: \_\_\_\_\_

Citizen injuries and treatment: \_\_\_\_\_

Doctor or Hospital: \_\_\_\_\_

**WITNESSES: (Attach signed witness statements as appropriate)**

Witness Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**SUPERVISOR'S SECTION**

Date/time employee reported incident to you: \_\_\_\_\_

Based on your investigation, what was the cause of this accident ?

UNSAFE ACT

- FAILURE TO FOLLOW RULES
- IMPROPER PROCEDURE
- HASTE
- FAILURE TO OBTAIN HELP
- IMPROPER USE OF TOOLS/ EQUIPMENT
- INATTENTION OR DISTRACTION
- FAILURE TO USE PPE

UNSAFE CONDITION

- UNSAFE LAYOUT
- UNSAFE EQUIPMENT/FACILITIES
- INSUFFICIENT EMPLOYEE TRAINING
- ACTION OF ANOTHER PERSON
- PERSONAL PHYSICAL CONDITION
- OTHER (EXPLAIN) \_\_\_\_\_

Supervisor's comments – Including what specific corrective actions have been/will be implemented to prevent similar injuries? \_\_\_\_\_

**SIGNATURES: (Please print and sign form before submitting to HR)**

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Dept/Division Head: \_\_\_\_\_ Date: \_\_\_\_\_

**FAX completed form HR: 657-8390.**

## APPENDIX G -SAFETY ASSURANCE POLICY

**Purpose:** The purpose of this policy is to provide the framework for a Safety Assurance program to ensure the delivery of quality public transportation for the citizens of Billings.

**Policy:** It is the policy of this department to have a Quality Assurance program using random reviews of camera footage, supervisor ride-a-longs, and ride checks quarterly. All on-call Transit Operators and Transit operators of this department will participate in this program.

### Definitions:

- **Ride check:** A supervisor will follow an operator in a service vehicle while the operator is on a route. For up to 20 minutes and may include spot checks.
- **Ride-a-longs:** A supervisor will ride with an operator. For up to one hour of time.
- **Camera footage reviews:** A supervisor will review camera footage. For up to 20 minutes.
- **Superior:** Performance is consistently and significantly beyond established standards. Achieves performance objectives at a fully outstanding level and demonstrates exceptional skill levels.
- **Exceeds Expectations:** Performance is consistently above adequate skill levels. Achieves Performance objectives, often beyond expectations.
- **Meets Expectations:** Performance consistently meets job requirements. Achieves performance objectives as stated.
- **Needs Improvement:** Performance in one or more skills is less than expected and needs improvement. Direction, supervision, and learning are required if performance objectives are to be achieved.
- **Unsatisfactory:** Performance in several skills is substantially weak. Performance objectives are not met even with close supervision. Substantial improvement by the employee is required.

**Procedure:** Supervisors will review route video footage, ride check an operator, or ride-a-long with up to 25 percent of the operators quarterly. Driver selection and review type will be random. Supervisors will be looking for but not limited to the following.

Problem-solving/Decision-making

Performance in non-stress conditions

Performance in stress conditions

Rules of the road

Driving proficiency.

Interactions with others

Any Safety Risks that arise from the review.

Each Quarterly review will be handled individually with the operator meeting with members of the supervisory team as soon as possible.

Each witnessed violation will be handled on a case-by-case basis.

- a. The evaluator will consider the risk of the violation.
- b. The evaluator will identify if the violation could be handled with coaching or training.
- c. The evaluator will use corrective action when the violation is 15 or above in the risk matrix. (See page 10 of the PTASP for the matrix.)
- d. The evaluator may use correct action for repeat offenses.
- e. Examples: The operator failed to call out the published time-point stops during the evaluation. The violation would be noted on the form and discussed with the operator. Example 2, the operator did not check a crosswalk for pedestrians and nearly hits a pedestrian while driving across the crosswalk at excessive speeds. The result of this violation would most likely result in corrective action.

## APPENDIX H- SELF REPORTING AND NEAR MISS POLICY

### PURPOSE

The purpose of this policy is to cultivate and foster a proactive safety culture in which employees are comfortable and encouraged to bring safety concerns and reports of close calls to the attention of MET Management. MET recognizes that employees are most familiar with the details of their respective jobs and work environment, which makes their input crucial to maintaining safety in the workplace.

### POLICY

When witnessing an unsafe act, noticing an unsafe condition or near miss, or being involved in a near miss, employees must promptly report the unsafe condition or act to a Transit Supervisor, Chief Safety Officer, or Transit Manager.

No person will be penalized or retaliated against for bringing safety issues to the attention of management, including their involvement in near miss incidents. This statement does not apply to information received from a source other than the employee, or which involves an illegal act, or a deliberate or willful disregard of policy, regulations, or procedures. Repetitive risk behaviors displayed by an employee may also be subject to disciplinary action.

A near miss is defined as a safety event in which no property was damaged, and no personal injury was sustained, but given a slight shift in time or position, damage or injury easily could have occurred.

There are several ways employees can report their safety concerns to management:

- 4 Any safety concern may be reported directly to a Transit Supervisor or the Chief Safety Officer; near misses must be directly reported to a Transit Supervisor or the Chief Safety Officer.
- 5 Minor safety concerns, not including near misses, may be reported to Transit Dispatch.
- 6 Safety concerns, not including near misses, may be reported anonymously via the safety suggestion box, located in the employee METroplex break area.

All safety concerns and comments are reviewed with follow-up by the direct supervisors in a timely manner.

Examples of information typically reported include, but is not limited to:

- Safety concerns in the operating environment.
- Policies and procedures that are not working as intended.
- Information regarding safety events.
- Near misses.



**APPENDIX I – SELF REPORT FORM**

**SELF REPORTING/NEAR MISS FORM**

|                                      |  |
|--------------------------------------|--|
| <b>REPORTING EMPLOYEE (REQUIRED)</b> |  |
| <b>DATE/TIME</b>                     |  |
| <b>LOCATION/VEHICLE:</b>             |  |
| <b>EVENT DESCRIPTION:</b>            |  |
| <b>MITIGATION SUGGESTION:</b>        |  |