

SOUTH CENTRAL RAILWAY

VIGIL

QUARTERLY SAFETY BULLETIN NO.2

JUNE - 2015

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My dear Railwaymen

The first quarter of this financial year 2015 – 2016 ended by recording no consequential accidents which is a healthy sign. The number of consequential accidents reported to Railway Board for the first quarter registered “NIL” against 3 for the corresponding period of previous year. There were no collisions, no indicative accidents, no mid-section derailments, no UMLC accidents and no manned LC Gate accidents.

In order to sustain the performance, it is necessary that all field staff perform their duties vigilantly, carefully and take all possible efforts to prevent any kind of unusual / accident.

However, disturbing trend is increase in other train accidents in which one fire accident in the empty rake in the pitline of PAU station of NED Division, two derailments due to improper setting of points at SNF & RECH stations of SC Division, one Goods trains derailment on rail-cum-road bridge of RJY station in BZA Division, one loco derailment near VNC Cabin of BZA Division and derailment of a wagon in the bye-pass line of RU station in GTL Division. The notable point is that all these incidences are preventable had the field staff performed their duties vigilantly and dedicatedly.

Important guidelines and checklist, details of accidents that have taken place in the first quarter and lessons to be learnt, railway board letters, etc., are brought out in this edition which may be given wide publicity and enrich the knowledge in trains working.

**(S. P. SAHU)
CHIEF SAFETY OFFICER**

Section “A” KNOWLEDGE
Extracts of Railway Board letters

Sub: Delays In restoration of Accident site.

Ref: Railway Board letter No.2015/Safety (A&R)/3/14 dated 00.6.2015.

In recent derailments over IR, it has come to the notice of the Board that inordinate delay took place in restoration of the accident site considering the scale of accident. On going through the reasons for delays in restoration, it was found that bad planning and non-availability of replaceable items like PSC sleepers, rails etc., in the ART was the major cause for the delay in restoration.

All Zonal Railways should review the composition of Accident Relief Trains keeping in view of Board's instructions contained in letter No.99/M(M&P)/7/6 dated 24.09.1999 regarding composition of ARTs / ARMEs and ensure that adequate restoration material is available in the ARTs so that no delay takes place in restoration of the accident site on account of material shortage,

This issues with the approval of Chairman, Railway Board.

(P.S.Mishra)
Executive Director/Safety
Railway Board.

Sub: Uploading of salient features of Departmental accident inquiries of consequential train accidents for public view.

Ref: Railway Board letter No.2015/Safety (A&R)/6/14 dated 01.7.2015. Board's letter of even number dated 25.03.2015.

Vide Board's above referred letter, Zonal Railways were asked to upload salient points of the Accident inquiry reports of consequential train accidents on their respective websites, on a link provided by CRIS.

Since the requisite information is already available on the Safety Information Management System (SIMS), CRIS has developed an application to indicate the details on the Zonal Railways 'websites' by importing the data directly from the SIMS database. The link Train Accident Inquiry Reports has been provided under heading "Public Information".

Zonal Railway is therefore, advised to ensure that the columns being displayed for general public through the above links are properly filled in the SIMS database. Abbreviations in these columns should not be used to the extent possible. The information being displayed through this link to the general public should be regularly checked by the Senior Officers for its accuracy.

(P.S.Mishra)
Executive Director/Safety
Railway Board

Sub: Amendment Slip to GR 3.36, to include provision for putting back of signals for crossing & precedence.

Ref: (i) Board's Letter No. 2012/SIG//SEM-I/Misc. Dated 10.10.2012.

(ii) Board's Lr No. Even dated 13.06.2013.

(iii) No.2012/Safety(A&R)/19/15 dated 31.12.2013.

CRS/North East Circle in his final report on the head-on collision of 1057 DN Churchgate – Virar Fast EMU Local with 1022 Borivilli – Churchgate UP slow EMU local at Andheri station of Churchgate-Virar BG, multiple line, electrified section of Mumbai Division Western Railway on 16.6.2012 has been recommended as under:-

Recommendation No.9.1: SR 3.36(5) (C) (iii) of Western Railway G&SR provides an unsafe window in operation of trains and should immediately be de-notified. Similar provisions in G&SR of other Railways should also be de-notified with immediate effect.

Recommendation No.9.2: G&SR 3.36 does not provide for the exigency where Starter and Advanced Starter Signals once taken 'off' for departing trains are required to be put back for the purpose of precedence or crossing. As a result, Zonal Railways are framing SRs for dealing with such a situation. It would be desirable to make a General Rule to cater to exigency mentioned in SR 3.36 (5) (C) this will obviate the need for framing SR for this exigency by Zonal Railways.

On receipt of preliminary report of CRS/NE Circle, Board under Para 2 of their letter under reference (i) issued instructions to Railways to amend their SRs under GR 3.36. The instructions were reiterated vide Board's letter at reference (ii) and the

Railways were advised to amend the provision contained under SR 3.36 (5) (C) (iii) of Western Railway which states that written permission need not be given to the Loco Pilots of starting trains in respect of movement in power signal and route relay yards or if the signals are interlocked with a mechanical / electrical time release. Railways were advised that similar provisions contained in their SRs should be deleted.

While recommendation regarding issuance of separate GR to deal with the exigency of putting back the Starter and Advanced Starter Signals taken 'OFF' for departing trains was being put up for Board's consideration. Additional Member (T) has desired that the quantum of the problem could only be assessed by data from Zonal Railways about the changes in routes for the requirement of crossing / precedence.

Therefore the Railways are requested to furnish number daily cancellation of routes (for crossing/precedence purposes only) representing at least four large stations for one month in order to take a final view on the subject matter.

(Om Prakash)
Executive director/Safety
Railway Board

Section “B”
Some important rules – Shunting

SHUNTING

Shunting instructions are the instructions issued by the Station Master to the Loco Pilot and Guard regarding the particulars of shunting to be done at the station. In case of train shunting, written instructions will be given in form No.T/806.

Where shunting operations are supervised by Guard / Assistant Station Master, Loco Pilot shall be given T/806 (shunting instructions form) duly filled in. At major stations where separate staff viz., Outdoor Station Master / Yard Assistant Station Master / AYM / Shunting Jamedar / Shunting Master are provided for supervising the shunting, form No.T/806 need not be given. Such stations shall be notified by the respective Sr.DOMs.

1. Shunting operations shall be controlled by fixed signals or hand signals or by verbal directions.
2. Outer signal, Home signal and Last Stop Signal should not be taken ‘off’ for shunting
3. If Advanced Starter is provided, free Starter can be taken ‘off’ for shunting purpose.
4. When a fixed shunt signal on a post by itself or below a Stop signal or Shunting Permitted Indicator (SPI) becomes defective, T/369 (3b) shall be issued and Proceed Hand Signal should be shown from the foot of such defective signal after ensuring the locking of points.

5. In case the shunt movements are governed by Shunt signal or Starter signal, which detects the facing points, the Shunt/Starter signal shall be taken 'off' and in all other cases, the facing points shall be clamped/ cotter bolted and padlocked.

6. When shunting is required to be carried out for attaching or detaching coaches / slip coaches on mail / express and passenger trains, the shunting engine with or without coaches/ slip coaches shall first come to a halt 20 m away from the train and thereafter perform the shunting carefully. These precautions need to be taken when train engine is being attached to the train.

7. On single line sections, no shunting (even within station section) shall be done in that direction, once Line Clear is granted except where shunting in the face of an approaching train is permitted in SWR (i.e. once Line Clear is granted to a down train, no shunt movement shall take place in up direction).

7.1 On double line section, shunting within the station section can be carried out when line clear is granted for a train, provided the necessary signals are kept at on.

TO SHUNT PAST THE LSS:

8. Double Line:

8.1. Block forward and then take 'off' Shunt signal (if any) provided below LSS; or

8.2. Block forward and give T/806 with PN; or

8.3. Block forward and then give the key extracted from LSS lever lock. (Where provided)

NOTE: If shunting beyond LSS is permitted in Station Working Rules behind the train travelling away from a station, the Shunt signal, if any provided below the LSS may be taken 'off' or the Loco Pilot may be given T/806 without PN. As soon as the preceding train clears the section, the line should be blocked forward, if the shunting is not completed.

9. Single line:

To shunt outside station section up to FSS.—

9.1. In token section, the Loco Pilot should be given T/806.

9.2. In Token less sections: Handle type block instrument - the Loco Pilot should be given the shunt key extracted from the block instrument. If shunt key cannot be extracted from the block instrument, T/806 should be given.

9.3. Push button type block instruments (RAB) - shunt key shall be extracted and handed over to the Loco Pilot. If the shunt key cannot be extracted, the station in advance should be asked to take out the shunt key and to give PN to that effect. Then the Loco Pilot should be given T/806.

TO SHUNT INTO REAR BLOCK SECTION:

10. Double line:

Whenever shunting into the block section in rear is to be done (outside Home signal in TAS and outside outer most facing points/ BSLB in MAS), the line should be blocked back and T/806 with PN should be given to the Loco Pilot to do the shunting in the rear block section.

11. Single Line:

To shunt beyond the FSS on single line sections, the movement should be treated like a train movement. Take Line Clear and take 'off' all departure signals. A memo should be given to the Loco Pilot to push back into the station after shunting is completed. Reception signals can be taken 'off'.

Note:

As per the definition of 'block back', a message is to be transmitted to the next block station on either side on single line whenever block section is required to be obstructed. If block section is required to be obstructed up to FSS, message need not be given to next block station (as per BWMS and BWMT). As such 'block back' is not applicable to single line.

**Section “C”
Latest Amendments**

---- NIL ----

**Section “D”
Checklist - S&T Installations**

ACTIVITY CENTRE / EQUIPMENT – CONTROL PANEL		
S. No.	Items to be checked	Observations made
1	Whether yard diagram on the panel, the actual yard layout and the location of the signals as well as the SWR is matching with the Signal Interlocking Plan.	
2	whether SM’s key is ‘IN’, set the relevant points for the required route, check the track clear indications in the route as well as the overlap, LC Gates are closed if any, in the route as well as the overlap, and then take ‘OFF’ the concerned signal. Whether the signal had correctly responded as per the laid down conditions or not.	

3	Initiate route cancellation when required and observe whether the time taken for the same is 120 seconds or less.	
4	<p>Calling-on signal – ensure the calling ‘on’ track is occupied, Home Signal knob is ‘normal’, points in the route are correctly set before taking ‘off’ Calling-on Signal. After 60 (as per amendment to IRSEM) seconds, Calling-on Signal shall clear. Initiate Calling-‘on’ signal Cancellation; wait for 240 seconds for releasing the route. Notice whether route is released after 240 seconds or not.</p> <p>Also notice whether points in the trailing direction is proved or not (not necessary to prove)</p>	
5	Whether entry is made in the calling ‘on’ cancellation register along with reasons and remarks or not.	
6	Whether Veeder counters are separately provided for UP and DN directions or not?	
7	Similarly, whether separate counters (for up and down) are provided for Calling-‘on’ Cancellation or not.	
8	Any other observation	
ACTIVITY CENTRE / EQUIPMENT – ELECTRIC POINT MACHINES		
1	Whether crank handle is kept in a glass box with EKT provision and	

	provided with Veeder counter or not? Whether the removal of crank handle is linked with data-logger or not.	
2	Whether free indication near point knob is disappearing when concerned track relay is dropped or not.	
3	Point should not stop in-between even if that point zone track relay is dropped after the point operation had already started. Check this.	
4	Whether point TJLB is causing any inconvenience for crank handling.	
5	Place an obstruction test piece of 5 mm between stock and tongue rail at 150 mm from the toe of the switch and observe that the point does not get locked and its 'N' or 'R' indication flashes on the panel or not.	
6	Whether opening of the point is around 115 mm or not and housing is satisfactory or not.	
7	Whether the readings of the point machine are recorded and kept in the respective point machine or not.	
8	Any other observation	
ACTIVITY CENTRE / EQUIPMENT – TRACK CIRCUIT		
1	Whether POH of track relay is carried out once in 10-12 years. a) Whether track relay voltage is not	

	<p>more than 300% of the pickup value for QT relays.</p> <p>b) Whether 'J' clips are provided on the glued joints.</p> <p>c) Whether cross protection and double cutting is available or not.</p>	
ACTIVITY CENTRE / EQUIPMENT – CRANK HANDLE		
1	Whether the crank handle is able to be extracted only when the relevant signal is in 'on' position?	
2	Extract crank handle when the concerned signal knob in the normal position and observe crank handle out indication appeared or not.	
3	Attempt to take off that signal and observe that it should not respond.	
4	Any other observation	
ACTIVITY CENTRE / EQUIPMENT – SGE DOUBLE LINE BLOCK		
1	Keep the commutator in 'TOL' position and try to take 'off' LSS which should not assume 'off' position.	
2	Whether block instrument is provided with double lock arrangement and sealed or not.	
3	Whether line voltage and line current incoming and outgoing recorded or not.	
4	Any other observation	
ACTIVITY CENTRE – RELAY ROOM		
1	Whether double lock arrangement is available ND effective or not?	
2	Whether the relays are clean and in	

	sealed condition or not?	
3	Whether the relay room opening and closing is linked with data logger or not?	
4	Any other observation	
ACTIVITY CENTRE – BATTERY ROOM		
1	Specific gravity should be 1180-1220 when the battery cells are fully charged. SPG < 1180 implies that those cells are discharged and normally charged cell voltages would be 2 – 2.2 v and discharged cell voltage would be < 1.8 V.	
2	Any other observation	
ACTIVITY CENTRE – INTERLOCKED LC GATE		
1	Whether interlocked LC Gate indications (i.e. open, close & free) is available on the panel or not?	
2	If the interlocked LC is open in the route, the corresponding signal should not assume ‘off’ aspect, even if its knob is turned to reverse position.	
3	The signal is taken ‘off’ duly closing the concerned LC Gate, the free indication of that gate should disappear.	
4	Any other observation.	

ACTIVITY CENTRE / EQUIPMENT – SIGNAL POST		
1	Implantation distance should be painted on all signal posts and it should be more than 2.36 m.	
2	Whether arrow marks are provided for Starter signals, if they are placed on the right hand side of the track.	
3	Any other observation	
ACTIVITY CENTRE /EQUIPMENT – LED SIGNALS		
1	Whether minimum 90V/118 MA at the regulator is available or not.	
2	Whether AC/DC, conventional CR/LED, blanking/non-blanking selection in current regulator correct setting is done or not.	
3	Where IPS is provided or not, whether inverters are provided for signals to avoid their blanking or not.	
4	Any other observation	
ACTIVITY CENTRE / EQUIPMENT– LOCATION BOXES		
1	Whether opening of the door from the centre of track is more than 2.5m or not?	
2	Whether the value of the earth is painted on the location earth enclosure or not; and it should be less than 10 ohms or not?	
3	Whether the value of maintenance free earth (ring earth) is below 1 OHM or not?	
4	Any other observation	

ACTIVITY CENTRE / EQUIPMENT- ELECTRONIC INTERLOCKING

1	<p>WHEN VDU IS AVAILABLE:</p> <ul style="list-style-type: none"> a) Whether SM's key equivalent is effective, b) Whether all operations are possible with that c) Whether panel / VDU operation selection is available. d) Whether automatic change over to panel operation is possible when VDU fails, e) Whether checksums / CRC of application software and station specific software is available. f) Whether proper maintenance free earthing and surge protection device is available. g) Whether main terminal as well as the stand-by system is in working condition. 	
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ACTIVITY CENTRE / EQUIPMENT - MULTI SECTION DIGITAL AXLE COUNTER

1	<p>Whether surge protection device and maintenance free earthing are available and working</p>	
2	<p>Whether checksum / CRC of working system verified.</p>	
3	<p>Whether data downloading / analyzing port – main terminal is available and working.</p>	
4	<p>Any other observation</p>	

ACTIVITY CENTRE / EQUIPMENT - BPAC		
1	Whether maintenance register, and maintenance as per manufacturers / RDSO format available or not?	
2	Whether proper earthing equipments and reset counters are working or not?	
3	Whether resetting data entry in resetting register / signal failure register is recorded or not?	
4	Any other observation	
ACTIVITY CENTRE / EQUIPMENT – EMERGENCY SOCKETS		
1	Whether testing of emergency sockets once in every 10 days and notifying the Control regarding the defective sockets is followed or not?	
2	Arrange for their rectification at the earliest and also notify the control regarding the same.	
3	Whether emergency circuit is connected to the section controller directly and not through the test room?	
4	Whether the testing of portable emergency telephone loaded in SLRs of trains duly connecting them to the emergency sockets as per the schedule is being done or not?	
5	Any other observation	

ACTIVITY CENTRE / EQUIPMENT - CHANGE OVER PANEL ROOM AND GENERATORS		
1	Whether self-starting arrangement is available and working or not?	
2	Procedure for change over is painted near the power board or not?	
3	Whether description about changeover of power supply and status monitoring panel of DCDP is included in SWR?	
4	Any other observation	

**Section “E”
Accident cases**

1. **Brief of the incident** (Derailment): On 24th May 2015 at 14.57 hours while AWB/BCN Goods loaded with fertilisers was on run between RJY – KVR stations of BZA Division, 11th wagon derailed on rail-cum-road bridge disrupting traffic on slow line (Single line). However, traffic was dealt on fast line (Double line).

Cause: Derailment occurred due to “uneven loading with excessive sway has initiated off loading of front right wheel. At the same time, due to centrifugal force generated by negotiating left hand curve, the right wheel has moved towards its right direction. With already available excessive slack in the gauge, even before the right wheel could move out of rail, required slack for derailment was generated and the left wheel was derailed inside causing the derailment”.

Matters brought to light:

- a. Late departure of ART/RJY by 30 minutes due to precedence given for Train No. 12513.
- b. Track parameters are not recorded in the prescribed format after attention on 21.4.2015.

Staff held responsible:

Primary:

- a. CGSR/VZP yard of ECoR who supervised the loading the bags in the wagon.
- b. Supervisory staff of ROH Depot/Ambala/Northern Railway
- c. SSE/P.Way/RJY.

2. **Brief of the accident (Derailment):** On 28th May 2015, at 12.45 hours, while performing shunting, one ROH unit of BLC wagon with load derailed. Point No.8 was initially set to ICD line and subsequently it was altered for receiving a Goods train from station at 12.35 hours. At 12.40 hours, BLC wagons shunting started from ICD line to station via Point Nos. 12, 11 9 & 8. Movement was given without ensuring the position of Point No.8 which was not favourable. As a result of this, trail through of point took place. Subsequently, the load was backed on the trailed through point resulting in wagon taking two routes and derailed.

Cause: Shunting staff while performing shunting from ICD line to station side over Point No. 8 failed to ensure correct setting of the Point resulting in trail through of point. Subsequently backing on the trailed through point led to derailment of the wagon.

Staff held responsible: Pointsman.

3. **Brief of the incident (Derailment):** On 12th June 2015, at 09.42 hours, Train No. STDV Goods left bulb line No. 1 of BZA yard towards GALA fast line and while passing over Point No. V-19A, leading axle of front bogie of train engine derailed and mounted on the nose of CMS crossing.

Cause:

- a. Excessive clearance of RH check rail of Point No. V-19A has allowed the LH wheel of the leading axle of the loco to move more towards outside the approach

lead curve in the imaginary path between the crossing throat and nose and when the shifted wheel encountered the crossing nose, it mounted on the nose and derailed,

- b. The defective LH side bearer available at central pivot adversely affected the load distribution pattern of the leading loco bogie while in motion which may caused the off loading of LH wheel of the leading axle of loco and the wheel mounted over the nose of crossing when negotiating a straight crossing at end of 6⁰ RH turnout curve of Point No. V-19A and caused the derailment.

Staff held responsible:

Primary:

JE/P.Way/South/BZA for not ensuring tightness of check rail bolts of Point No. V-19A by his staff and by that failed to keep the check rail clearance within the limits which caused the leading wheel of loco to mount over the nose of CMS crossing.

Secondary:

Staff of ELS/NKJ who failed to observe the defective LH side bearer available near centre pivot of the leading bogie of loco during schedule inspection which caused uneven load distribution of the loco load on the bogie and resulted off loading of LH leading wheel of the loco wheel to mount over the nose of CMS crossing while negotiating a straight after a 6⁰ curve of Point.

Matters brought to light: Seven out of nine loco readings demanded by SSE/P.Way/BZA for spring heights, etc., were not given by loco staff which are necessary for arriving at the correct cause of the derailment involving locomotive.

4. **Brief of the incident (Derailment):** On 15th June 2015, at RECH station of SC Division while pushing UP MSPS loaded Goods with diesel multi into new siding for weighment, the locos could not push the load due to rain. Hence, assistance of another loco was taken. After the completion of weighment, the assisting loco was detached for onward movement. In this process, the assisting loco derailed on open trap at 22.10 hours.

Cause: The movement given without ensuring point position.

Staff held responsible: SM, Pointsman, LP, ALP & Guard of assisting loco.

Matters brought to light:

- a. Dy.SS/RECH has written multiple shunt movements in one Shunting Order. To complete these movements, it consumes lots of time and causes blockage of mainline movements and causes confusion.
- b. Dy.SS/RECH permitted unsignalled movement to back the formation.
- c. LP & Pointsman have failed to stop the light engine after detaching the loco from the formation to ascertain the correct point position.
- d. Dy.SS has altered Point No.14 as soon as formation cleared Point No. 14 within 2 minutes as per datalogger report knowing that shunting process is not completed in the yard. Line clear was given to UP train and taken 'off' UP Home Signal.

5. **Brief of the incident (Derailment):** On 29th June 2015, at 12.35 hours at RU Bye-pass line of GTL Division, when MOO’N’ Goods was passing, one wagon derailed.

Cause: Due to unevenly leftover residual material.

Staff held responsible:

Primary

1. NMVP Siding Authorities – who failed to unload the wagon properly and left substantial quantity of load uneven.
2. Nominated in-charge Goods Clerk / NMVP/SC Division – failed to ensure proper unloading of the wagon in terms of Commercial Manual Para 2514 of Chapter XXV of IRCM-Volume II which states that “unloading of the inward goods will be supervised and tallied by the Goods Clerk”.
3. On duty ASM/MUGR – who failed to detach the sick wagon which was derailed at RU Bye-pass line. He also failed to arrange TXR certification for these sick wagons before authorising this loaded rake for traffic movement.
4. Commercial Clerk / MUGR – who failed to ensure that wagons are thoroughly cleaned and dried before commencing loading as per Commercial Manual Para 1506 (a) (i) of Chapter XV of IRCM – Volume II. He has neither tried to get this wagon cleaned of residual load nor attempted to detach this wagon from the formation after completion of loading. Also, did not inform TXR

Officials for examination. The culprit wagon was recorded as 'sick' as per the VG carried by the Guard.

Secondary:

Guard / BDCR who failed to detach the wagon during GLP check conducted at MUGR which is shown as 'sick' in the VG by Commercial Staff/MUGR.

Blameworthy:

- SC Division Operating Authorities who failed to offer the rake for intensive examination at SNF, in spite of getting an opportunity to get it examined, i.e., SNF which is en-route for this rake.
- SSE/C&W/FTE Yard/BZA – who failed to notice the wagon left over with residual load.

Matters brought to light:

- a. Instructions given in JPO 7/2014 not followed by open line staff.
- b. In spite of repeated instructions and letters, Operating Department Authorities of SC Division failed to depute concerned station staff and Guards to attend the enquiry who worked the train from MUGR to BZA.
- c. The new VG issued at BZA not signed by anybody.
- d. Guards are not obtaining acknowledgement in their memo book while transferring VG from Guard to Guard as per SR 4.25.3.

Suggestions & recommendations:

- a. Instructions on freight train examination vide JPO 7/2014 should strictly be followed by all.
- b. Instructions on issue of VG should be reiterated for strict compliance as per GR & SR 4.25.
- c. Wagons marked sick / unfit for loading by Siding Authorities should get certified by TXR before authorizing such wagons for traffic movement.
- d. More Commercial Clerks are necessary at CSPS Siding.
- e. In executing Siding Agreements, necessary clause should be made for ensuring proper unloading of consignment by Siding Officials.
- f. As CSPS Siding, pre-weigh bin system is in place. However, there is no mechanism to cross check over weight / underweight after completion of loading.
- g. It is suggested that one copy of VG should be given to the LP of the train.

Section “F”
Test Your Knowledge

Decode the following;

- 1. RRV**
- 2. RBPC**
- 3. POMKA**
- 4. SPAD**
- 5. ABS**
- 6. OTL**
- 7. NDMA**
- 8. SPART**
- 9. RSRC**
- 10. NDRF**
- 11. UFSBI**
- 12. SSBPACD**

KEY

- 1. Rail-cum Road Vehicle**
- 2. Round BPC**
- 3. Portable Medical Kit**
- 4. Signal Passing At Danger**
- 5. Air-Brake System or Absolute Block System**
- 6. One Time Lock**
- 7. National Disaster Management Authority**
- 8. Self-Propelled ART**
- 9. Railway Safety Review Committee**
- 10. National Disaster Response Force**
- 11. Universal Failsafe Block Interface**
- 12. Solid State Block Proving Axle Counter Digital.**

Section “G”
Safety drives launched

SAFETY DRIVES CONDUCTED

No.Safety.387/SD/Vol/.VII.

Date: 26.05.2015.

GM expressed serious concern over the recent derailment on BZA division on 24.5.2015 on major bridge approach. Similar derailment had taken place on NF Rly on 23.5.2015 on major bridge. Another derailment had taken place on NC Rly on 25.5.2015 involving Express train causing casualties, in which ‘**Jerk**’ was experienced by LP of the previous train.

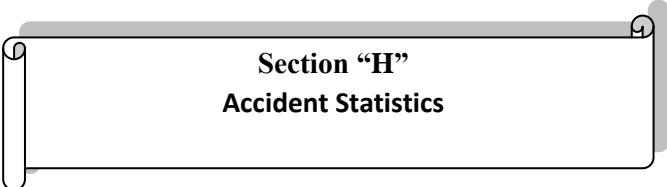
Hence, divisions are advised to conduct a fortnight long drive with immediate effect on the following aspects:-

- a. GR 6.07 shall be strictly followed by all concerned staff i.e., LP/ALP/Guard, Station Master, SSE/JE(P.WAY),SCOR etc.,
- b. Summer precautions (circulated vide CTE’s DO letter W.T-5/P/SP/Vol.II dated 19.2.2015) shall be followed by Engineering staff and the necessary Hot weather Patrolling etc., to be introduced and monitored during the prescribed period (Para 1.16 of LWR Manual).

DRMs to personally monitor the safety drive on the division.

After completion of the safety drive deficiencies noticed and corrective measures taken shall be advised to this by 15.06.2015 certain.

(S.P.SAHU)
CHIEF SAFETY OFFICER

A rectangular box with a drop shadow and rounded corners, containing the section title. The box has a white background and a thin black border. The text is centered within the box.

**Section “H”
Accident Statistics**

**DETAILS OF ACCIDENTS FROM 1.4.2015 TO 30.6.2015
COMPARED WITH CORRESPONDING PERIOD OF 2014**

- Number of consequential train accidents is “NIL” against 3 of the previous year.
- Total accidents are 7 against 16 of the previous year.
- Derailments are 1 against 3 of the previous year.
- UMLC accidents are “NIL” against 2 in the previous year.
- Yard accidents are 4 against 9 of the previous year.
- No collisions, no averted collisions, no manned LC Gate accidents, no mid-section derailments.
- No fire accidents.
