**http://jobbernautcareerfairs.com/Exhibitor%20Logos%202/KingCountyMetro_logo.gifMETRO**

**Rail Operator Service and Facilities Report**

***When completed, please turn in to the Base Window***

**Operator** (First/Last Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I.D.#\_\_\_\_\_\_\_\_\_\_ Date\_\_\_/\_\_\_/\_\_\_

Train #\_\_\_\_\_\_\_\_\_ LRV #\_\_\_\_\_\_\_\_\_\_

Regular Operator  Board or Vacation Relief Operator **Response Requested** **Yes**  **No**

**-----------------------------------------------------------------------------------------------------------------------------------------**

**A**

|  |
| --- |
| **ROW**  **E** |
| **1) Record the exact location**  City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Main Line Section \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Seatac, Beacon Hill, DSTT, MLK, YE)  **N**  **S**  Mile Marker\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Direction of Travel:  NB SB  **Please label the map to the right** with streets names **and** mile marker  Track section. Use the following symbols to show where the problem is.  **W**  For tree/bushes that need trimming  For lights that are out  Station Location |
| **2) Action(s) Requested**  **Train Post:** Down Missing Leaning  **Graffitti:** Sign Shelter Mural Fence Tiles  OCS Poles Platform ROW Equipment Windows  Signal Box Railing  **Tree/Bushes**: Needs Trimming Needs Removal Other  **ADA Improvements Needed:** Passenger Loading Area Walkway/Sidewalk Improvements Needed  Other  Explain Problem:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **B** |
| **Station Related Problems** |
| Maintenance Problems: Litter Platform Window Broken Damaged Other  **Location** (Required): ***Please complete Section A1*** *(**record the exact location* ***and*** *label the map)*  *Explain Problem:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| **Customer Information Related Problems**  **C** |
| **Schedule Holder/Schedule: Down or Missing Glass Broken Schedule Incorrect**  **Schedule Missing Orca Readers TVM Not Working**  **Information Sign/Kiosk: Down or Missing Glass Broken Schedule Incorrect**  **Schedule Missing Orca Readers TVM Not Working**  **Platform**(Required): ***Please complete Section A1***  *(record the exact location* ***and*** *label the map)*  *Explain Problem:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  **D** |
| **Service Related Problems** |
| **In Service Routing (streets on which route operates in revenue service**  **Frequency of Service (Service Headway)**  **Neighborhood or area coverage**  **Affected Time Period:** All  AM Peak Midday  PM Peak  Evening or Night Saturday Sunday  **Customer comments and feedback Other (useful for service planners to hear)**  Explain Problem:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Section Response to Problems (For Office Use Only)** |
| Item A-Bus Zone  Item B –Bus Shelter  Item C – Customer Info.  Item D – Scheduling  Item E – Service  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Section:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_/\_\_\_\_/\_\_\_\_ |