**METRO**

**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 trimmingFor lights that are outStation 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  OtherExplain 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 – ServiceName:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Section:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_/\_\_\_\_/\_\_\_\_ |