

**SPAD data collection form RT/3119/B
 (railway undertakings)**



Rail Safety & Standards Board

PART 1 – REFERENCE

***Delete as appropriate**

1.1	SMIS ref number	
1.2	Date (dd/mm/yy)	
1.3	Time (24 clock)	
1.4	Location	
1.5	Signal passed (ie number on signal post eg KX326. <i>Do not leave space between letters and numbers or use full stop.</i>)	

PART 2 – GENERAL

2.1	Was sighting of the signal contributory to the SPAD?	click here		
2.2	Is the signal normally seen by the driver at	click here		
2.3	Implications for the SPAD. <i>Tick all applicable.</i>			
		Wholly Implicated	Partially Implicated	Not Implicated
	Driver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other Persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Weather / Rail Contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 3 – SUMMARY OF THE INCIDENT

The information written here will be entered into SMIS.

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PART 4 – PRINCIPAL TRAIN

Note. If further trains are involved, append details to SPAD report form.

4.1	Type of train. <i>Tick one.</i>	<input type="checkbox"/> Loco hauled passenger	<input type="checkbox"/> Freight
		<input type="checkbox"/> Weedkiller	<input type="checkbox"/> Passenger multiple unit
		<input type="checkbox"/> Parcels / Mail	<input type="checkbox"/> Tram
		<input type="checkbox"/> Passenger HST	<input type="checkbox"/> Light locomotives(s)
		<input type="checkbox"/> Track recorder	<input type="checkbox"/> ECS Loco hauled
		<input type="checkbox"/> On-track machine (including REV and RMMM)	<input type="checkbox"/> Rail grinder
		<input type="checkbox"/> ECS multiple unit	<input type="checkbox"/> 1Z99
		<input type="checkbox"/> Test train	<input type="checkbox"/> ECS HST
		<input type="checkbox"/> Sandite train	
4.2	Reporting number		
	Departure time	hours	
	From		
	To		
4.3	Train Motion. <i>Tick one.</i>	<input type="checkbox"/> Accelerating	<input type="checkbox"/> Coasting
		<input type="checkbox"/> Departing a station	<input type="checkbox"/> Decelerating
		<input type="checkbox"/> Propelling	<input type="checkbox"/> Braking
		<input type="checkbox"/> Approaching a station at which a train is booked to call	
4.4	Was the train Driver Only Operated?	click here	
4.5	Was the train driven from authorised cab?	click here	
4.6	Train Operating Company		
4.7	Train formed of unit(s)	Unit 1	
		Unit 2	
		Unit 3	
		Unit 4	
4.8	Number of vehicles (<i>inc. locomotive(s)</i>)		
4.9	Type of brake control. <i>Tick one.</i>	<input type="checkbox"/> Light locomotive	<input type="checkbox"/> Westcode 3 step
		<input type="checkbox"/> Regenerative	<input type="checkbox"/> Automatic vacuum
		<input type="checkbox"/> Westcode 7 step	<input type="checkbox"/> Rheostatic
		<input type="checkbox"/> Automatic air	<input type="checkbox"/> EP brake
4.10	Freight only – Tonnage/ brake force	Authorised tonnage	
		Authorised brake force	
		Actual tonnage	
		Actual brake force	
4.11	Rheostatic brake fitted and working?	click here	
4.12	Regenerative brake fitted and working?	click here	
4.13	Brake gear type. <i>Tick one.</i>	<input type="checkbox"/> Disc	<input type="checkbox"/> Clasp cast Iron
		<input type="checkbox"/> Clasp composite	<input type="checkbox"/> Mixture
4.14	Was the driver accompanied in the driving cab?	click here	
4.15	If driver was accompanied in driving cab indicate by whom. <i>Tick as appropriate.</i>	<input type="checkbox"/> 2nd driver	<input type="checkbox"/> Traction Inspector
		<input type="checkbox"/> Authorised personnel	<input type="checkbox"/> Competent Person
		<input type="checkbox"/> Tutor/Mentor	<input type="checkbox"/> Unauthorised person
		<input type="checkbox"/> Guard	<input type="checkbox"/> Learner
		<input type="checkbox"/> Conductor route of traction	
4.16	Total number of persons in cab		

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PART 5 – PRINCIPAL VEHICLE

5.1	Type of vehicle. <i>Tick one.</i>	<input type="checkbox"/> Diesel locomotive	<input type="checkbox"/> EMU non pass carrying		
		<input type="checkbox"/> Non pass coach	<input type="checkbox"/> Shunting locomotive		
		<input type="checkbox"/> EMU pass carrying	<input type="checkbox"/> On-track machine		
		<input type="checkbox"/> DMU non pass carrying	<input type="checkbox"/> Driving Van Trailer (DVT)		
		<input type="checkbox"/> Pass coach	<input type="checkbox"/> DMU pass carrying		
		<input type="checkbox"/> Freight vehicles	<input type="checkbox"/> Road rail vehicle		
		<input type="checkbox"/> Eurostar power car	<input type="checkbox"/> HST (including stock)		
		<input type="checkbox"/> Steam locomotive	<input type="checkbox"/> Electro diesel locomotive		
		<input type="checkbox"/> RMMM	<input type="checkbox"/> Electric locomotive		
		<input type="checkbox"/> 390s Pendo	<input type="checkbox"/> Other		
5.2	Class and sub class?				
5.3	Number of vehicle from which train was driven?				
5.4	Principal vehicle's role as driving traction for train	click here			
5.5	Vehicle operator				
5.6	Driver reminder device (DRA). <i>Tick one.</i>	<input type="checkbox"/> DRA fitted and used			
		<input type="checkbox"/> DRA fitted but not used when it should have been			
		<input type="checkbox"/> DRA fitted but not required to be used			
		<input type="checkbox"/> DRA not fitted			
5.7	Indicate if the vehicle fitted with any of the following and, if so, the status of the system. <i>Tick all applicable.</i>				
		Not Fitted	Fitted and working	Fitted and not working	Exempt
	AWS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	ATP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	TPWS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mechanical train	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	INDUSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER					
5.8	Is the vehicle (driving unit) fitted with a data recorder?	click here			
5.9	Has the ATP been isolated / over-ridden by the driver?	click here			

SMIS inputters please note that 5.9 is a classification question within the Train – SPAD component – see form RT3119A, question 4.14.

PART 6 – DRIVER OF PRINCIPAL TRAIN

6.1	Person type	<input type="checkbox"/> Workforce (Rlwy Grp employee)
		<input type="checkbox"/> Contractor (Non-Rlwy Grp employee)
6.2	Driver's name:	Surname
		Forename(s)
		Sex click here
		National Insurance number
6.3	Was the driver injured as a result of the SPAD?	click here
<i>If YES please ensure the respective personal accident form is completed and appended to this form.</i>		
6.4	Driver's employer	
6.5	Driver's local manager	
6.6	Driver's occupation? <i>Tick one.</i>	<input type="checkbox"/> Traincrew (front end)
		<input type="checkbox"/> Workshop staff
		<input type="checkbox"/> Depot staff
		<input type="checkbox"/> Other
6.7	Driver's based at (or depot)	
6.8	Was anyone other than the driver implicated in the SPAD?	click here

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PART 6 – DRIVER OF PRINCIPAL TRAIN continued

6.9	Is that person safety critical?	click here
6.10	Was the driver authorised to be there?	click here
6.11	Did the driver experience unusual circumstances at the time?	click here
6.12	If 'Yes', what was the nature of the unusual circumstances? <i>Please see definitions.</i>	<input type="checkbox"/> Emergency conditions
		<input type="checkbox"/> Abnormal conditions
		<input type="checkbox"/> Degraded conditions

PART 7 – DRIVER DETAIL – Service/Competency/Fitness

7.1	Driver's details:	Date of birth
		Date entered service
		Date entered current grade
<i>(date passed as a driver, not necessarily with current employer)</i>		
7.2	Is formal competency required?	click here
7.3	Date of driver's last certification	
7.4	Date of driver's last competence assessment	
7.5	Date of driver's last practical assessment ('in-cab' or similar)	
7.6	Date of driver's last medical	
7.7	What was the result of driver's last medical? <i>Tick one.</i>	<input type="checkbox"/> Passed <input type="checkbox"/> Passed with conditions
7.8	Had the driver been taking any self-prescribed medical treatments?	click here
<i>(If 'Yes' describe below at 7.10)</i>		
7.9	Had the driver taking any prescribed medical treatments?	click here
<i>(If 'Yes' describe below at 7.10)</i>		
7.10	Give details of any medical restrictions, conditions imposed following a medical or treatments being taken.	
7.11	Is the driver authorised to wear distance corrective aids to vision?	click here
7.12	If 'Yes' to 7.11, were the authorised aids to vision worn?	click here
7.13	What aids to vision (if any) were used. <i>Tick one.</i>	<input type="checkbox"/> Authorised distance visual aids <input type="checkbox"/> Contact lenses
		<input type="checkbox"/> Laser eye surgery <input type="checkbox"/> Unauthorised sunglasses
		<input type="checkbox"/> Authorised sunglasses <input type="checkbox"/> Authorised prescription sunglasses
		<input type="checkbox"/> Other
7.14	Had the driver recently suffered ill-health?	click here
7.15	If 'Yes' what were the dates between which the ill-health was suffered?	From
		To
7.16	Give details of the recent ill-health	

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PART 7 – DRIVER DETAIL – Service/Competency/Fitness – continued

7.17	Date of driver's last drugs or alcohol test <i>(Including any test carried out after this accident)</i>	
7.18	What was the nature of the last test? <i>Tick one.</i>	<input type="checkbox"/> For cause
		<input type="checkbox"/> Random
7.19	Test results? <i>Tick one.</i>	<input type="checkbox"/> Negative
		<input type="checkbox"/> Positive

PART 8 – DRIVER DETAIL – Duty / Time

8.1	Rostered hours:	Start	Finish
8.2	Start of shift	Date	Time
8.3	Rest interval (<i>PNB</i>)	Start	Finish
8.4	Number of hours driving prior to SPAD	<i>(Hrs undertaking activity)</i>	
8.5	Previous duty started	Date	Time
8.6	Previous duty finished	Date	Time
8.7	Duration of last sleep	<i>(hours)</i>	
8.8	Number of consecutive days worked prior to SPAD?		
8.9	Number of hours worked in the previous 7 days		

(Please attach/give details of roster for previous 7 days)

8.10	Journey time from home to place of employment?	
8.11	Duty type of driver. <i>Tick one.</i>	<input type="checkbox"/> Ordinary (<i>booked diagram</i>)
		<input type="checkbox"/> Rest day / Free day worked
		<input type="checkbox"/> Sunday
		<input type="checkbox"/> Overtime
		<input type="checkbox"/> Other
8.12	Is this normal activity?	click here
8.13	Level of supervision? <i>Tick one.</i>	<input type="checkbox"/> Working alone
		<input type="checkbox"/> Working with others supervised
		<input type="checkbox"/> Working under direct supervision
		<input type="checkbox"/> Working with others unsupervised
8.14	Was the activity authorised?	click here

PART 9 – DRIVER DETAIL – Experience

9.1	Date the driver last signed the route?	
9.2	Was this the first signing?	click here
9.3	Date of last assessed ride?	
9.4	Weeks / days since route worked?	Weeks
		Days
9.5	Frequency of driving this route? <i>Tick one.</i>	<input type="checkbox"/> Daily
		<input type="checkbox"/> Monthly
		<input type="checkbox"/> Weekly
		<input type="checkbox"/> 2 monthly
		<input type="checkbox"/> 2 weekly
		<input type="checkbox"/> 6 monthly
		<input type="checkbox"/> Less frequently
9.6	Did driver allege faulty equipment?	click here
<i>(If 'Yes' which equipment? Tick all that apply.)</i>		
<input type="checkbox"/> Brakes	<input type="checkbox"/> Signalling	<input type="checkbox"/> Speedometer
		<input type="checkbox"/> Other

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PART 9 – DRIVER DETAIL – Experience – continued

9.7	Did driver allege other person involved?	click here
<i>(If 'Yes', who? Tick all that apply.)</i>		
<input type="checkbox"/>	Trainee driver	<input type="checkbox"/>
<input type="checkbox"/>	Shunter	<input type="checkbox"/>
<input type="checkbox"/>	Train person	<input type="checkbox"/>
<input type="checkbox"/>	Signaller	<input type="checkbox"/>
<input type="checkbox"/>	Traction Inspector	<input type="checkbox"/>
<input type="checkbox"/>	Senior conductor / conductor	<input type="checkbox"/>
<input type="checkbox"/>	Other	<input type="checkbox"/>
9.8	Does driver admit to having any difficulties with this traction?	click here
9.9	Does the driver perceive this route as especially difficult?	click here
9.10	Does this driver perceive this signal as being difficult?	click here
9.11	Does the driver perceive this movement as especially difficult?	click here
9.12	Does the driver admit his own error?	click here

PART 10 – OTHER PERSONS INVOLVED – GENERAL

Note. If further persons are involved, complete additional sections 10, 11, 12, 13 and 14 for each person involved and append to this form.

10.1	Person type? <i>Tick one.</i>	<input type="checkbox"/> Workforce (Rlwy Grp employee)	<input type="checkbox"/> Contractor (Non Rlwy Grp employee)
		<input type="checkbox"/> Passenger	<input type="checkbox"/> Person on business (train based)
		<input type="checkbox"/> British Transport Police	<input type="checkbox"/> On board catering
10.2	Person's name:	Surname	
		Forename(s)	
		Sex click here	
		National Insurance number	
10.3	Was the person injured as a result of the SPAD?	click here	
<i>If YES please ensure the respective personal accident form is completed and appended to this form.</i>			
10.4	Person's employer		
10.5	Person's local manager		
10.6	Person's occupation? <i>Tick one.</i>	<input type="checkbox"/> Traincrew, front end	<input type="checkbox"/> Other on board staff
		<input type="checkbox"/> Workshop staff	<input type="checkbox"/> Traincrew, rear end
		<input type="checkbox"/> Platform staff	<input type="checkbox"/> Depot
		<input type="checkbox"/> Traction & Rolling stock staff	<input type="checkbox"/> Trackside staff
		<input type="checkbox"/> Signalling / Level crossing staff	<input type="checkbox"/> Shunting staff
		<input type="checkbox"/> Revenue protection staff	<input type="checkbox"/> Other staff
10.7	Person based at (Depot / Home station)		
10.8	Was the person implicated in the SPAD? (ie is the person wholly or partly responsible)?	click here	
10.9	Is the person safety critical?	click here	
10.10	Was the person authorised to be there?	click here	

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PART 11 – OTHER PERSON DETAIL – Service/Competency/Fitness

11.1	Person's details:	Date of birth
		Date entered service
		Date entered current grade click here
		Date entered current duties

(Date entered this grade, not necessarily with current employer) (See Definitions).

11.2	Is formal competency required?	click here	
11.3	Type of competency? <i>Tick one.</i>	<input type="checkbox"/> PICOP	<input type="checkbox"/> COSS
		<input type="checkbox"/> Personal Track Safety	<input type="checkbox"/> Rail Incident Officer
		<input type="checkbox"/> Ride assessed	<input type="checkbox"/> Rules & regulations
		<input type="checkbox"/> IWA	<input type="checkbox"/> TA
		<input type="checkbox"/> Handsignalman	<input type="checkbox"/> Other
11.4	Did person attain the required standard at the last assessment?	click here	
11.5	Date of person's last certification		
11.6	Is the date in 11.5 current?	click here	
11.7	Date of initial training (<i>where known</i>)		
11.8	Date of refresher training (<i>where known</i>)		
11.9	Date of person's last competence assessment		
11.10	Date of person's last practical assessment ('in-cab' or similar)		
11.11	Date of person's last medical		
11.12	What was the result of person's last medical? <i>Tick one.</i>	<input type="checkbox"/> Passed	<input type="checkbox"/> Failed visual
		<input type="checkbox"/> Failed hearing and visual	<input type="checkbox"/> Passed with conditions
		<input type="checkbox"/> Failed hearing	<input type="checkbox"/> Not applicable
11.13	Had the person been taking any self-prescribed medical treatments?	click here	

(If 'Yes' describe below at 11.15).

11.14	Had the person taken any prescribed medical treatments?	click here
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(If 'Yes' describe below at 11.15).

11.15	Give details of any medical restrictions, conditions imposed following a medical or treatments being taken.
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PART 11 – OTHER PERSON DETAIL – Service/Competency/Fitness – continued

11.16	Is the person authorised to wear distance corrective aids to vision?	click here	
11.17	If 'Yes' to 11.16, were the authorised aids to vision worn?	click here	
11.18	What aids to vision (if any) were used?	<input type="checkbox"/> Authorised distance aids to vision	<input type="checkbox"/> Contact lenses
		<input type="checkbox"/> Laser eye surgery	<input type="checkbox"/> Authorised sunglasses
		<input type="checkbox"/> Unauthorised sunglasses	<input type="checkbox"/> Other
11.19	Had the person recently suffered ill-health?	click here	
11.20	If 'Yes' what were the dates between which the ill-health was suffered?	From	To
11.21	Give details of the recent ill-health.		
11.22	Date of person's last drug or alcohol test		
<i>(Including any test carried out after the accident).</i>			
11.23	What was the nature of the last test?	<input type="checkbox"/> For cause	<input type="checkbox"/> Random
11.24	Was the test result negative? <i>Tick one.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PART 12 – OTHER PERSON DETAIL – Duty / Time

12.1	Rostered hours:	Start	Finish
12.2	Start of shift	Date	Time
12.3	Rest interval (<i>PNB</i>)	Start	Finish
12.4	Number of hours driving prior to SPAD	<i>(Hrs undertaking activity)</i>	
12.5	Previous duty finished	Date	Time
12.6	Duration of last sleep	<i>(hours)</i>	
12.7	Number of consecutive days worked prior to SPAD?		
12.8	Number of hours worked in the previous 7 days		
12.9	Journey time from home to place of employment		
12.10	Actual hours of duty prior to SPAD, <i>(Please attach roster for previous 12 days including the day the SPAD occurred).</i>		
12.11	Duty type of driver. <i>Tick one.</i>	<input type="checkbox"/> Ordinary (<i>booked diagram</i>)	<input type="checkbox"/> Rest day / Free day worked
		<input type="checkbox"/> Sunday	<input type="checkbox"/> Overtime
		<input type="checkbox"/> Other	
12.12	Is this normal activity?	click here	
12.13	Level of supervision? <i>Tick one.</i>	<input type="checkbox"/> Working alone	<input type="checkbox"/> Working with others supervised
		<input type="checkbox"/> Working under direct supervision	<input type="checkbox"/> Working with others unsupervised
12.14	Was the activity authorised?	click here	

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PART 13 – CAUSE – Immediate Cause

- Where the driver or other person is either wholly or partly responsible, complete sections 13.1 or 13.2 as appropriate. A separate report should be made for each person, where appropriate.
- Where the immediate cause(s) is established as being due, either wholly or partly, to failures of or defects in any infrastructure or equipment, etc. complete section 13.3 as appropriate. A separate report should be made for each item of infrastructure or equipment, where appropriate.

13.1	Tick one – see Appendix C for definitions or error categories		
	Miscommunication due to wrong information given	<input type="checkbox"/>	Group 1
	Miscommunication due to ambiguous /incomplete information given	<input type="checkbox"/>	
	Miscommunication due to information not given	<input type="checkbox"/>	
	Miscommunication due to correct information being given, but being misunderstood	<input type="checkbox"/>	
	Not monitoring for a signal	<input type="checkbox"/>	Group 2
	Failure to check signal aspect	<input type="checkbox"/>	
	Failure to locate correct signal	<input type="checkbox"/>	
	Anticipation of clearance of signal	<input type="checkbox"/>	
	Ignorance of rules/instructions	<input type="checkbox"/>	
	Violation of rules/instructions	<input type="checkbox"/>	
	Failure to react to a caution signal	<input type="checkbox"/>	Group 3
	Viewed correct signal misread aspect	<input type="checkbox"/>	
	Viewed wrong signal – read through	<input type="checkbox"/>	
	Viewed wrong signal – read across	<input type="checkbox"/>	Group 4
	Misjudged train behaviour	<input type="checkbox"/>	
Misjudged environmental conditions	<input type="checkbox"/>		
13.2			
13.3			

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PART 14 – CAUSE – Basic/underlying causes

- To be completed in respect of the driver or other person if either wholly or partly responsible. A separate report should be made for each person, where appropriate.
- To be completed in respect of any infrastructure or equipment, etc. if either wholly or partly responsible. A separate report should be made for each item of infrastructure or equipment, where appropriate.

Personal Factors

F A T I G U E	14.1	Was fatigue a contributory factor?	click here		
	14.2	If 'Yes', what was the cause / nature of the fatigue? <i>Tick as many as appropriate.</i>	<input type="checkbox"/> Workload	<input type="checkbox"/> Shift / work patterns	
			<input type="checkbox"/> The individual's lifestyle		
	14.3	If 14.2 includes 'Shift/work patterns', what was the nature of the pattern.	<input type="checkbox"/> Long working hours	<input type="checkbox"/> Successive early shifts	
<input type="checkbox"/> Successive night shifts			<input type="checkbox"/> Inadequate rest breaks		
14.4	If 14.2 includes 'Workload', describe the type of work.				
F I T N E S S	14.5	Was the individual's physical fitness a contributory factor?	click here		
	14.6	If 'Yes', how was the individual's physical fitness a factor? <i>Tick as many as appropriate.</i>	<input type="checkbox"/> Influence of medication / treatment	<input type="checkbox"/> Temporary disability	
			<input type="checkbox"/> Recognised illness	<input type="checkbox"/> Recent ill-health	
		<input type="checkbox"/> Under the influence of drugs / alcohol			
C O M P E T E N C E	14.7	Following consideration of the factors given in 14.8 was the individual's competence a contributory factor?	click here		
	14.8	If 'Yes' indicate the area(s) of the individual's competence that was contributory. <i>Tick as many as appropriate.</i>	<input type="checkbox"/> Training	<input type="checkbox"/> Experience	
			<input type="checkbox"/> Briefing / Information	<input type="checkbox"/> Assessment	
	14.9	If 14.8 includes 'Training', was it associated with the initial or refresher training? <i>Tick one.</i>	<input type="checkbox"/> Initial	<input type="checkbox"/> Refresher	
	14.10	If 14.8 includes 'Training', what was the nature of the training issues? <i>Tick as many as appropriate.</i>	<input type="checkbox"/> None provided – Needs not identified	<input type="checkbox"/> None provided – Inadequate resources	
			<input type="checkbox"/> Inadequate – Insufficient opportunity to practice skills	<input type="checkbox"/> Inadequate – Not appropriate to job / activity	
<input type="checkbox"/> Inadequate – Substandard instruction / delivery					
14.11	If 14.8 includes 'Briefing / Information', what was the nature of the briefing issues? <i>Tick as many as appropriate.</i>	<input type="checkbox"/> Inadequate general safety briefing system	<input type="checkbox"/> Inadequate urgent advice process		
		<input type="checkbox"/> Inadequate work planning	<input type="checkbox"/> Inadequate hand-over process		
14.12	If 14.8 includes 'Assessment', what was the nature of the assessment issues? <i>Tick as many as appropriate.</i>	<input type="checkbox"/> Assessment not comprehensive	<input type="checkbox"/> Inadequate standards for assessment		
		<input type="checkbox"/> Inadequate resources for assessment			

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C O M P E T E N C E	14.13	If 14.8 includes 'Experience', what was the nature of the experience issues? <i>Tick as many as appropriate.</i>	<input type="checkbox"/> Task / situation unfamiliar – Lack of training	<input type="checkbox"/> Over familiar with task - Complacency
			<input type="checkbox"/> Task / situation unfamiliar – Lack of experience in unusual circumstances	<input type="checkbox"/> Task / situation unfamiliar – Not normal job / activity
A T T E N T I O N	14.14	Was 'Attention', or lack of it, a contributory factor?	click here	
	14.15	If 'Yes', what was the nature of the individual's attention (or lack of it)? <i>Tick as many as appropriate.</i>	<input type="checkbox"/> Reliance	<input type="checkbox"/> Preoccupation
			<input type="checkbox"/> Distraction	
	14.16	If 14.15 includes 'Reliance', what was the nature of the individual's expectation? <i>Tick as many as appropriate.</i>	<input type="checkbox"/> Anticipation	<input type="checkbox"/> Autopilot
			<input type="checkbox"/> Other	
	14.17	If 14.15 includes 'Preoccupation', what was the nature of this? <i>Tick as many as appropriate.</i>	<input type="checkbox"/> Home / domestic problems	<input type="checkbox"/> Work problems
			<input type="checkbox"/> Health problems	<input type="checkbox"/> Morale
			<input type="checkbox"/> Life events	<input type="checkbox"/> Other
14.18	If 14.15 includes 'Distraction', what was the nature of this? <i>Tick as many as appropriate.</i>	<input type="checkbox"/> People - Passenger	<input type="checkbox"/> People - Trespasser	
		<input type="checkbox"/> People - Colleague	<input type="checkbox"/> People – Supervisor / Manager	
		<input type="checkbox"/> People – Trackside worker	<input type="checkbox"/> Alarms	
		<input type="checkbox"/> Equipment	<input type="checkbox"/> Environment / workplace	
		<input type="checkbox"/> Work activities	<input type="checkbox"/> Phone (personal)	
		<input type="checkbox"/> Phone (work)	<input type="checkbox"/> Other	
M O T I V A T I O N	14.19	Was 'Motivation', or lack of it, a contributory factor?	click here	
	14.20	If 'Yes', what was the nature of the individual's motivation (or lack of it)? <i>Tick as many as appropriate.</i>	<input type="checkbox"/> Failure to take account of risks	<input type="checkbox"/> Low morale
<input type="checkbox"/> Inappropriate supervision / management			<input type="checkbox"/> Improper incentives	
P R O C E D U R E S	14.21	Were 'Procedures', or their inadequate / inappropriate use, a contributory factor?	click here	
	14.22	If 'Yes' indicate the nature of use / misuse. <i>Tick as many as appropriate.</i>	<input type="checkbox"/> Step in procedure missed out	<input type="checkbox"/> Carried out in wrong sequence
			<input type="checkbox"/> Delay in implementation	<input type="checkbox"/> Deliberately not followed
			<input type="checkbox"/> Used incorrect or alternative unauthorised procedure	

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P R O C E D U R E S	14.23	If 'Yes' at 14.21, indicate reasons for use / misuse. <i>Tick as many as appropriate.</i>	<input type="checkbox"/> Inadequate documentation	<input type="checkbox"/> Misunderstood
			<input type="checkbox"/> Lack of local applicability	<input type="checkbox"/> Lack of training / briefing
			<input type="checkbox"/> Lack of familiarity with procedure	<input type="checkbox"/> Conflicting activities / unworkable
			<input type="checkbox"/> Complex / difficult to understand	<input type="checkbox"/> Inadequate supervision
			<input type="checkbox"/> Inattention	<input type="checkbox"/> Inadequately planned
			<input type="checkbox"/> Ambiguous / unclear	<input type="checkbox"/> Not complete
C O M M U N I C A T I O N S	14.24	If 14.23 includes 'Inadequate documentation', indicate why. <i>Tick as many as appropriate.</i>	<input type="checkbox"/> Not available – Not produced	<input type="checkbox"/> Out of date
			<input type="checkbox"/> Not available – Not distributed	<input type="checkbox"/> Not accurate
			<input type="checkbox"/> Too little information	<input type="checkbox"/> Too much information
			<input type="checkbox"/> Difficult to read	
	14.25	Was 'Communication', or lack of it, a contributory factor?	click here	
	14.26	If 'Yes', indicate whether this was during the passing or receiving of information. <i>Tick one or both as appropriate.</i>	<input type="checkbox"/> Passing information	<input type="checkbox"/> Receiving information
C O M M U N I C A T I O N S	14.27	If 14.26 includes 'Passing information', indicate how this was a factor. <i>Tick as many as appropriate.</i>	<input type="checkbox"/> Failed to check understanding	<input type="checkbox"/> Failed to repeat back message
			<input type="checkbox"/> Failed to identify person	<input type="checkbox"/> Failed to identify location
			<input type="checkbox"/> Failed to take lead responsibility	<input type="checkbox"/> Inadequate equipment
			<input type="checkbox"/> Other	
C O M M U N I C A T I O N S	14.28	If 14.26 includes 'Receiving information', indicate how this was a factor. <i>Tick as many as appropriate.</i>	<input type="checkbox"/> Failed to check understanding	<input type="checkbox"/> Failed to repeat back message
			<input type="checkbox"/> Failed to identify person	<input type="checkbox"/> Failed to identify location
			<input type="checkbox"/> Failed to take lead responsibility	<input type="checkbox"/> Inadequate equipment
			<input type="checkbox"/> Complex message	<input type="checkbox"/> Other
W O R K L O A D	14.29	Was 'Workload' a contributory factor?	click here	
	14.30	If 'Yes', indicate whether it was mental or physical workload, or both. <i>Tick one or both as appropriate.</i>	<input type="checkbox"/> Mental	<input type="checkbox"/> Physical
	14.31	If 'Yes' at 14.29, indicate the nature of the 'Workload' issues. <i>Tick as many as appropriate.</i>	<input type="checkbox"/> Inadequate workload planning - Time pressures	<input type="checkbox"/> Tasks undermanning – Monotonous / boring
<input type="checkbox"/> Inadequate workload planning - Improper supervision			<input type="checkbox"/> Inadequate workload planning – Insufficient resources	
<input type="checkbox"/> Situational demands – Emergency / degraded / abnormal conditions			<input type="checkbox"/> Situational demands – High-risk environment	
<input type="checkbox"/> Task undemanding - Repetitive			<input type="checkbox"/> Other	

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SUPERVISION	14.32	Was 'Supervision', or lack of it, a contributory factor?	click here	
	14.33	If 'Yes', indicate the nature of the Supervision' issues. <i>Tick as many as appropriate.</i>	<input type="checkbox"/> Poor example set by supervisor	<input type="checkbox"/> Conflicting job / task demands of supervisor
WORKPLACE	14.34	Was a 'Workplace' issue(s) a contributory factor?	click here	
	14.35	If 'Yes', indicate whether the issue(s) was related to 'Environmental' or 'Design' issues, or both? <i>Tick one or both as appropriate.</i>	<input type="checkbox"/> Environmental	<input type="checkbox"/> Design
	14.36	If 'Environmental' at 14.35, indicate the nature of the issue(s). <i>Tick as many as appropriate.</i>	<input type="checkbox"/> Lighting	<input type="checkbox"/> Noise
			<input type="checkbox"/> Vibration	<input type="checkbox"/> Temperature
			<input type="checkbox"/> Humidity	<input type="checkbox"/> Ventilation
<input type="checkbox"/> Restricted space			<input type="checkbox"/> Poor housekeeping	
	<input type="checkbox"/> Other			
14.37	If 'Design' at 14.35, indicate the nature of the issue(s). <i>Tick as many as appropriate.</i>	<input type="checkbox"/> Inadequate visibility - obscured by structure	<input type="checkbox"/> Inadequate accessibility	
		<input type="checkbox"/> Inadequate visibility - obscured by sunlight / glare / lighting	<input type="checkbox"/> Inappropriate alarms – not visible / audible	
		<input type="checkbox"/> Inadequate visibility – viewing / sighting time	<input type="checkbox"/> Inappropriate alarms – not distinct	
		<input type="checkbox"/> Inadequate visibility – viewing / sighting time	<input type="checkbox"/> Inappropriate alarms – not meaningful	
	<input type="checkbox"/> Other			
EQUIPMENT	14.38	Was an 'Equipment' issue(s) a contributory factor?	click here	
	14.39	If 'Yes', what was the equipment associated with? <i>Tick as many as appropriate – if more than one applies, number corresponding equipment types and issues.</i>	<input type="checkbox"/> Non rail vehicle	<input type="checkbox"/> Tool / equipment
			<input type="checkbox"/> Infrastructure	<input type="checkbox"/> Level crossing
			<input type="checkbox"/> Rail vehicle	<input type="checkbox"/> Plant and machinery
<input type="checkbox"/> Communications			<input type="checkbox"/> PPE	
	<input type="checkbox"/> Other			
14.40	If 'Yes' at 14.38, indicate the nature of the 'Equipment' issue(s)? <i>Tick as many as appropriate.</i>	<input type="checkbox"/> Supply / Procurement	<input type="checkbox"/> Condition	
		<input type="checkbox"/> Maintenance	<input type="checkbox"/> Usage	
		<input type="checkbox"/> Design		
SUPPLY	14.41	If 14.40 includes 'Supply / Procurement', what was the nature of the issue? <i>Tick as many as appropriate.</i>	<input type="checkbox"/> Inadequate supply – Inadequate purchasing	<input type="checkbox"/> Inadequate supply – Inadequate resources
			<input type="checkbox"/> Failure of supplier	<input type="checkbox"/> Poor work planning
			<input type="checkbox"/> Inadequate supply / Lack of process for ordering parts / spares / replacements	

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U S A G E	14.42	If 14.40 includes 'Usage', what was the nature of the supply issues? <i>Tick as many as appropriate.</i>	<input type="checkbox"/> Inappropriate equipment for task	<input type="checkbox"/> Inadequate procedures for use
			<input type="checkbox"/> Supplied but not used	<input type="checkbox"/> Not familiar in its use
			<input type="checkbox"/> Used without authority	<input type="checkbox"/> Inappropriate supervision
			<input type="checkbox"/> Not trained / instructed in use	
C O N D I T I O N	14.43	If 14.40 includes 'Condition', what was the nature of the condition issues? <i>Tick as many as appropriate.</i>	<input type="checkbox"/> Inadequate housekeeping	<input type="checkbox"/> Affected by weather / climate
			<input type="checkbox"/> Inadequate repair	<input type="checkbox"/> Unreliable
			<input type="checkbox"/> Vandalised	<input type="checkbox"/> Inadequate transportation
			<input type="checkbox"/> Aged	<input type="checkbox"/> Worn out
M A I N T E N A N C E	14.44	If 14.40 includes 'Maintenance', what was the nature of the maintenance issues? <i>Tick as many as appropriate.</i>	<input type="checkbox"/> Inadequate maintenance specification	<input type="checkbox"/> Inadequate inspection / monitoring
			<input type="checkbox"/> Inadequate planning / scheduling of maintenance	
D E S I G N	14.45	If 14.40 includes 'Design', what was the nature of the design issues? <i>Tick as many as appropriate.</i>	<input type="checkbox"/> Inadequate design for intended use	<input type="checkbox"/> Inadequate consideration of ergonomic principles

PART 15 – CAUSE – Narrative

15.1	Use the space below to explain the immediate cause identified and the relationship with the basic / underlying cause(s).
Initials	

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PART 16 – Signatories

16.1	Investigating Officer of TOC / Contractor / Other	
	Name	Company
	Position	Date
	Location	

Signature:

16.2	Investigating Officer of TOC / Contractor / Other	
	Name	Company
	Position	Date
	Location	

Signature:

16.3	Network Rail Investigating Officer	
	Name	Company
	Position	Date
	Location	

Signature:

Scanned signatures may be inserted in the signatures sections above

Form Ends

If you have difficulty entering data into this form, please contact: claudia.brogelli@rssb.co.uk