§ 225.23 Joint operations.

(a) Any reportable death, injury, or illness of an employee arising from an accident/incident involving joint operations must be reported on Form FRA F 6180.55a by the employing railroad.

(b) In all cases involving joint operations, each railroad must report on Form FRA F 6180.55a the casualties to all persons on its train or other on-track equipment. Casualties to railroad employees must be reported by the employing railroad regardless of whether the employees were on or off duty. Casualties to all other persons on trains or on-track equipment must be reported on Form FRA F 6180.55a by the railroad whose train or equipment is involved. Any person found unconscious or dead, if such condition arose from the operation of a railroad, on or adjacent to the premises or right-of-

the rail equipment accident/incident, the railroad shall complete part I of Form FRA F 6180.78 to notify each such employee identified that the railroad has made such allegation and that the employee has the right to submit a statement to FRA. The railroad shall then submit the entire form, parts I and II, to the employee. The Employee Statement Supplementing Railroad Accident Report (Employee Supplement) is completely at the option of the employee; however, if the employee desires to make a statement about the accident that will become part of the railroad’s Rail Equipment Accident/Incident Report, the employee shall complete the Employee Supplement form (part II of Form FRA F 6180.78) and shall then submit the original of the entire form, parts I and II, and any attachments, to FRA and submit a copy of the same to the railroad that issued the Notice in part I.

(h) Form FRA F 6180.98—Railroad Employee Injury and/or Illness Record. Form FRA F 6180.98 or an alternative railroad-designed record shall be used by the railroads to record all reportable and accountable injuries and illnesses to railroad employees for each establishment. This record shall be completed and maintained in accordance with the requirements set forth in § 225.25.

(i) Form FRA F 6180.97—Initial Railroad Employee Accident/Incident Record. Form FRA F 6180.97 or an alternative railroad-designed record shall be used by the railroads to record all reportable and accountable rail equipment accidents/incidents for each establishment. This record shall be completed and maintained in accordance with the requirements set forth in § 225.25.

(j) Form FRA F 6190.107—Alternative Record for Illnesses Claimed to be Work-Related. Form FRA F 6190.107 or an alternative railroad-designed record may be used by a railroad in lieu of Form FRA F 6180.98, “Railroad Employee Injury and/or Illness Record” (described in paragraph (h) of this section), to record each illness claimed by an employee to be work-related that is reported to the railroad for which there is insufficient information for the railroad to determine whether the illness is work-related. This record shall be completed and retained in accordance with the requirements set forth in § 225.25 and § 225.27.

(k) Form FRA F 6180.150—Highway User Inquiry Form.—Form FRA F 6180.150 shall be sent to every potentially injured highway user, or their representative, involved in a highway-rail grade crossing accident/incident. If a highway user died as a result of the highway-rail grade crossing accident/incident, a railroad must not send this form to any person. The railroad shall hand deliver or send by first class mail the letter within a reasonable time period following the date of the highway-rail grade crossing accident/incident. The form shall be sent along with a cover letter and a prepaid preaddressed return envelope. The form and cover letter shall be completed in accordance with instructions contained in the current “FRA Guide for Preparing Accident/Incident Reports.” Any response from a highway user is voluntary and not mandatory. A railroad shall use any response from a highway user to comply with part 225’s accident/incident reporting and recording requirements.

§ 225.25 Recordkeeping.

(a) Each railroad shall maintain either the Railroad Employee Injury and/or Illness Record (Form FRA F 6180.98) or an alternative railroad-designed record as described in paragraph (b) of this section of all reportable and accountable injuries and illnesses of its employees for each railroad establishment where such employees report to work, including, but not limited to, an operating division, general office, and major installation such as a locomotive or car repair or construction facility.

(b) The alternative railroad-designed record may be used in lieu of the Railroad Employee Injury and/or Illness Record (Form FRA F 6180.98) described in paragraph (a) of this section. Any such alternative record shall contain all of the information required on the Railroad Employee Injury and/or Illness Record. Although this information may be displayed in a different order from that on the Railroad Employee Injury and/or Illness Record, the order of the information shall be consistent from one such record to another such record. The order chosen by the railroad shall be consistent for each of the railroad’s reporting establishments. Railroads may list additional information on the alternative record beyond the information required on the Railroad Employee Injury and/or Illness Record. The alternative record shall contain, at a minimum, the following information:

1. Name of railroad;
2. Case/incident number;
3. Full name of railroad employee;
4. Date of birth of railroad employee;
5. Gender of railroad employee;
6. Employee identification number;
7. Date the railroad employee was hired;
8. Home address of railroad employee; include the street address, city, State, ZIP code, and home telephone number with area code;
9. Name of facility where railroad employee normally reports to work;
10. Address of facility where railroad employee normally reports to work; include the street address, city, State, and ZIP code;
11. Job title of railroad employee;
12. Department assigned;
13. Specific site where accident/incident/exposure occurred; include the city, county, State, and ZIP code;
14. Date and time of occurrence; military time or AM/PM;
15. Time employee’s shift began; military time or AM/PM;
16. Whether employee was on premises when injury, illness, or condition occurred;
17. Whether employee was on or off duty;
18. Date and time when employee notified company personnel of condition; military time or AM/PM;
19. Name and title of railroad official notified;
20. Description of the general activity this employee was engaged in prior to the injury/illness/condition;
21. Description of all factors associated with the case that are pertinent to an understanding of how it occurred. Include a discussion of the sequence of events leading up to it; and the tools, machinery, processes, material, environmental conditions, etc., involved;
22. Description, in detail, of the injury/illness/condition that the employee sustained, including the body parts affected. If a recurrence, list the date of the last occurrence;
23. Identification of all persons and organizations used to evaluate or treat the condition, or both. Include the facility, provider and complete address;
24. Description of all procedures, medications, therapy, etc., used or recommended for the treatment of the condition.