



U.S. Department
of Transportation
**Federal Railroad
Administration**

Memorandum

Date: Chicago, Illinois
November 12, 1992

Reply to Attn. of.

G-92-15

Subject: Accident/Incident Investigations
Circadian Rhythms Supplement

From: R. M. McCord
Regional Director, RRS-44

To: All Region #4 Personnel

Attached is Technical Bulletin G-92-15 regarding Human Factors Circadian Rhythms Supplement to accident reports. This information may be required at any accident including fatalities and derailments. Consult with your specialist before deciding that this information is or is not required. Specialists should discuss whether or not this information is required with the OP Specialist and /or Regional Director/Deputy.

Do not automatically assume that the information is not required.

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cc: L. F. Dennin

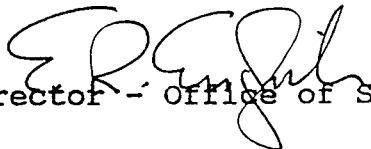


U.S. Department
of Transportation
**Federal Railroad
Administration**

Memorandum

Date: 02 November 1992 Reply to Attn. of: G-92-15

Subject: Accident/Incident Notifications

From:  Director - Office of Safety Enforcement

To: All Regional Directors

The attached technical bulletin prescribes the Human Factors Circadian Rhythms Supplement. Please distribute to all concerned.

E. R. English

Attachments

TECHNICAL BULLETINS

SUBJECT: Human Factors Circadian Rhythms Supplement
NUMBER: G-92-15 ORIGINAL ISSUE DATE: 11-02-92
DISCIPLINE: General

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This Technical Bulletin prescribes the Human Factors Circadian Rhythms Supplement, and takes effect immediately upon receipt. It must be completed and submitted as part of an accident investigation report if employee fatigue, or a deterioration of employee alertness may have caused or contributed to the accident. A separate report should be completed for each employee.

HUMAN FACTORS CIRCADIAN RHYTHMS SUPPLEMENT

1. Develop the on duty - off duty cycle for the 10 day period prior to the accident/incident. If in that ten day period the employee was continuously subject to call, develop the on duty - off duty cycle from the last day that the employee was not subject to call. Do not exceed 30 days. Use a 24 hour format. Include the type of assignment, i.e. yard, local, through freight, deadheading etc.
2. Commuting distance from residence to home terminal.
 - A. Miles one way _____.
 - B. Travel time one way _____.
3. Number of hours notice given for call time _____.
4. For the off duty period prior to the accident/incident, develop the employee's activities, i.e. sleep patterns, diet, recreation, family activities, etc.
5. In the employee's last off duty period prior to the accident/incident how well was the employee able to sleep? For C, D, and E, explain why.
 - A. Easily
 - B. Slight difficulty
 - C. Moderate difficulty
 - D. Great difficulty
 - E. Not at all

6. How well rested was the employee when he/she last awoke? For B. C. and D. explain why.

- A. Well rested
- B. Moderately rested
- C. Slightly rested
- D. Not at all rested

7. During what time periods prior to the accident/incident did the employee feel:

- A. Fully alert
- B. Moderately alert
- C. Drowsy
- D. Fighting sleep

8. To what did the employee attribute any fatigue, or deterioration in alertness? What did he/she do to control it?