EAST COAST RAILWAY

Office of the
Chief safety officer,
Bhubaneswar.

No:- ECoR/SFY/Alert advice-32/2023/830 Date: 22.12.2023

To
The Divisional Railway Manager
KUR, SBP & WAT

ALERT MESSAGE-32

Sub:- Lesson learnt from recent accidents & unusual incidents in ECoR.

The recent accidents/unusual incidents occurred in ECoR discussed as under happened due to casual approach, ignorance to safety rules, adoption of short-cuts and bad practices attributed to human failure.

A. Dashing of Goods train with Tower Car No.ECoR 710700 in R/7 at CAP station of KUR Div:-

1. On 07.12.2023 at 21.56hrs DN train E/PPAP dashed with Tower Car on R/7 of CAP station. Monsoon special was kept in R/7 of CAP station and the Tower Car was kept over it at 17.54hrs and subsequently stabled with application of 03 skids. The Monsoon Spl. was later cleared keeping the stabled T/ Car at 21:15hrs in R/7.
2. At about 21.32hrs, DN PPAP was granted line clear and left JNP station at 21.38hrs.
3. The station master planned to admit the train in R/7, but found the track circuit showing occupation. He reset the same manually sending the TPMA to site who without any physical verification of the obstruction of the track, reset the axle counter of R/7.
4. The Station Master after clearance of occupation of track has taken up the home signal for R/7 for the DN train PPAP which collided / dashed with the stabled T/ Car at 22:00 hrs. The T/Car rolled down and stopped at KM 580/36 of R/7 & got damaged.
5. Such incident occurred due to carelessness / negligence of the Station staff towards availability of stable T/Car in R/7 and without any physical verification applied manual reset from site. No use of bottom collar in panel/Line block in VDU by SM.

B. Electrocution of TRD staff during maintenance work in SBP division:-

1. On 12.09.2023 during maintenance work at Arand station of SBP division, TRD staff was electrocuted and died at location No.62/5-7 due to less clearance of charged portion of large span wire. This incidence could have been avoided if 9-T insulator was placed at suitable location considering working clearance of both elementary sections.
2. Again on 12.12.2023, Power block for R/1 was taken at NRLR station of SBP division from 14.35 to 15.05hrs for shifting of engine stop board / caution board towards dead end of R/1. Earthing was provided on LJR end. During work Sri Chetan Sagar, TRD Assistant of RPRD station was electrocuted and injured with burn who was succumbed to death at hospital.
3. At NRLR road, R/1 and R/2 are shown as different elementary sections in the Traction working rule diagram provided at station. But R/1 and R/2 elementary sections are not separated due to non-availability of 9-T insulator on large span wire running from Line -2 to Line-1 for anchorage.

4. **The following to be ensured:-**
   a. All station platforms and yards to be checked for any violation of electrical safety with respect to working clearances.
   b. Sectioning of station yards to be checked with respect to sectioning diagram and LOP. Correction to be done/suggested during drive.
   c. Whether any live wire is available on the platforms to be checked and same to be rectified.
   d. Any other safety aspects may be identified like Earthing, Bonding, Caution Boards, SWR etc & highlighted for necessary remedial action.

C. **Derailment of Loco at NYG station of KUR division on 04.11.2023:-**

1. On 04.11.2023 at NYG station of KUR division; Shunter performed shunting of LOCO No.27821/27916 from R/3 PRNR end to R/3 JRLI end via R/1 but when LOCO arrived at R/1, LP & ALP of R/3 train took charge from shunter on their own interest and proceeded towards JRLI end disregarding shunt signal and derailment on point No.60B occurred due to two route when on duty SM/NYG changed point No. 60 for admitting UP train on R/2. 05 wheels of rear trolley (Wheel No.06, 05, 04, 03 and 02) of leading loco were derailed in this incident.
2. The incident was occurred due to disregarding the shunt signal by LP and ALP and observing only setting of points at site which was altered by SM in order to set point to another train on main line.
3. The nominated Shunter of the yard who was assigned for the shunting operation allowed the outgoing crew for EOT who were not conversant with the signaling movement in that particular yard.
4. The nominated TP failed to accompany the crew in front cabin in order to guide the crew in shunting operation instead travelled in rear loco as per prevailing practice.
5. The Station Master issued the shunting program in a piece of paper to the LP instead of proper authority which create confusion to crew about shunting authority or shunting plan & mistook it as a shunting authority.
6. The LP also in his own performed the shunting operation without giving charge to the shunter who is conversant with the yard shunting operation.

All section DTIs, CLIs, SSE/Sig, SSE/P.Way, SSE/TRD are advised to counsel the staff and monitor strict adherence of the instructions in letter & Spirit and ensure no short cut to be allowed under any circumstance.

21/12/23

Chief Safety Officer
Bhubaneswar

Copy to-

1. Secy. to GM for kind information of GM.
2. Secy. to AGM for kind information of AGM.
3. PCE, PCME, PCOM, PCEE, PCCM, PCSTE, PCSC & CAO (Con) for information.
4. Sr.DSO/ KUR, SBP & WAT for information & necessary action.
5. Principal MDTC/VSKP & MDZTI/BBS for information & necessary action.