



# SOFA Working Group

Share Knowledge ~ Save a Life ~ Zero Fatalities

As a cross-industry collaboration for over 25 years, the SOFA Working Group has identified the Possible Contributing Factors for each of the more than 210 switching operations fatalities since 1992. The SOFA Working Group reports its findings and emerging data trends with the goal of zero fatalities in the railroad industry.

## Care During Shove Moves

### "When in Doubt, Dismount!!"

From 2011-2021, 27 of the 34 analyzed SOFA Fatalities involved a shove move

- ✓ *Maintain ongoing crew communication by repeatedly giving only the distance known to be clear*
- ✓ *Continually ensure entire route to be ridden is clear of unexpected close or no clearance*
- ✓ *Ensure a position of safety while riding and/or mounting/dismounting equipment*
- ✓ *Update initial job briefing with entire crew when any circumstance changes*

### What Happened?

A crew consisting of a conductor, engineer, and trainee were performing work at an unattended yard with known clearance issues. While shoving a cut of cars the conductor was fatally injured by a tree branch fouling the track after a storm.

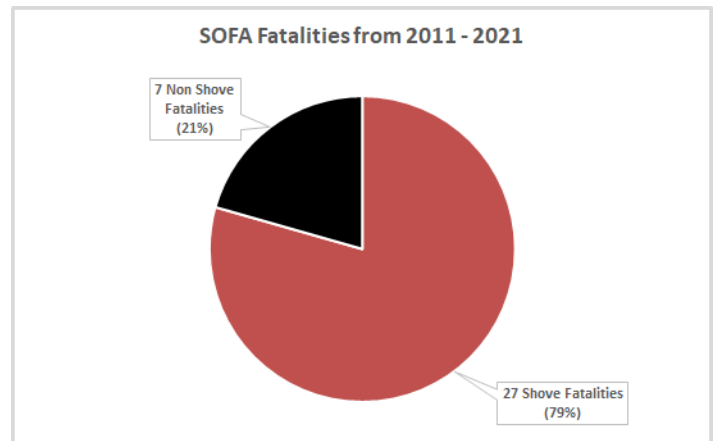
### What Happened?

While riding the leading end of a shoving movement into a loading dock a conductor attempted to dismount moving equipment on to a defective stairway, causing him to foul the track and be fatally injured between the leading car and the platform.

### For Every Shove...

Prior to beginning a shove move, every crew should job brief and answer the following questions:

- *What type of car is to be ridden?*
- *Which side is to be ridden?*
- *Is there sufficient clearance to ride?*
- *Where will dismount occur?*
- *Is it safer to walk any part of the move?*



### Most Common Findings in Switching Operations Fatalities

Inexperienced Employee  
19%

Close / No Clearance  
18%

Inadequate Job Briefing  
15%

Industry Hazard  
15%

Struck by Mainline Train  
11%

Slips, Trips, & Falls  
11%