



Florida's Statewide Transit Training and Technical Assistance

# TRANSIT BUS SYSTEM SAFETY (FT00533)

January 5-9, 2009

Tampa, Florida

## COURSE OVERVIEW

This course presents a formalized, standardized approach to bus system safety concepts and program plans. Participants will receive instruction and guidance in developing and implementing a transit bus System Safety Program Plan which is critical to bus system safety. Participants will learn the use of best practices in prevention of passenger incidents and vehicle collisions; how to select vehicle and facility design, operation security, and technology selection and maintenance. Identify behavioral safety concepts, as well as safety awareness and management; analyze collision tracking data and/or hazard analysis, including the solution to some of those problems.

## COURSE BENEFIT

This system safety course explains how to create a system safety plan as well as identify the concepts of a system safety plan. Additionally, how to select and train personnel and identify the role of technology in system safety.

## WHO SHOULD ATTEND

All levels of managers and supervisors who work in the process of safety program plans; design engineering and construction and technology vendors; and transit consultants and auditors. Safety and security professionals responsible for developing, administering and implementing system safety and security plans and the enforcement of security procedures.

## REGISTRATION INFORMATION

There are no registration fees for the 5 day course. Space is limited, so please register early to avoid disappointment. A confirmation letter will be forward to each registrant with schedule and hotel information. Cancellations must be made 15 business days before class. *The deadline for registration is Friday, December 19, 2008.*

**If you would like to attend this session, fill out the attached electronic form. You may submit via email or fax to reserve your seat.**

**Center for Urban Transportation Research**

**Attn: Molly Buffington**

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**REGISTRATION FORM TO ATTEND  
FTOO533 TRANSIT BUS SYSTEM SAFETY  
JANUARY 5-9, 2009  
TAMPA, FLORIDA**

REGISTRANT'S NAME \_\_\_\_\_

JOB TITLE \_\_\_\_\_

MAJOR DUTIES & RESPONSIBILITIES \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

IS YOUR EMPLOYER AN FTA GRANT RECIPIENT OR SUB-RECIPIENT?

YES

NO

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