TRANSIT BUS SYSTEM SAFETY (FT00533)

January 8-12, 2007    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, administrating 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, November 24, 2006.

If you would like to attend this session, fill out the form on the back, and fax to reserve your seat.

Center for Urban Transportation Research
Attn: Molly Buffington
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(813) 974-3120
(813) 974-5168 fax
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REGISTRATION FROM TO ATTEND
FTOO533 TRANSIT BUS SYSTEM SAFETY
JANUARY 8-12, 2007
TAMPA, FLORIDA

REGISTRANT’S NAME ________________________________________________________________

JOB TITLE _______________________________________________________________________

MAJOR DUTIES & RESPONSIBILITIES ________________________________________________
________________________________________________________________________________

SUPERVISORS NAME ______________________________________________________________

EMPLOYER _______________________________________________________________________

ADDRESS _______________________________________________________________________

CITY ____________________________ STATE _______ ZIP _____________________________

PHONE _______________________________________________________________________

FAX ___________________________________________________________________________

EMAIL _______________________________________________________________________

COURSE TITLE/CLASS NUMBER _____________________________________________________

IS YOUR EMPLOYER AN FTA GRANT RECIPIENT OR SUB-RECIPIENT?
YES ☐ NO ☐

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