EUROPEAN UNION AGENCY FOR RAILWAYS

Disclaimer

This presentation is for the purpose of information only. A binding interpretation of EU law is the sole competence of the Court of Justice of the European Union.

Sharing Information to build a safe single European railway area

(Information Sharing System / ISS)

EU Rail SD| 1 October 2025

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Photo: Adobe Stock / by_Tarasylo

CSM ASLP Regulation

CSM:

Common Safety Methods

ASLP:

Assessment of Safety Level and Safety Performance of railway operators at national and Union levels

- Overall CSM ASLP purpose: improve the safety of the Union rail system through
  - the **reporting and analysis of safety information**
  - the assessment of the safety level and the safety performance of railway operators

Source: DG MOVE C4

Information Sharing System

Collect, record, analyse and share rail safety information.

Interconnect third-party systems

Railway operators responsible for their own data quality + automated checks+ NSA supervision

All of ERA's safety information tools eventually integrated in the Information Sharing System

All supported by the ERA Ontology

Source: DG MOVE C4

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ISS Pilot overview

Note:
The ISS Pilot is devoted to test business
and ICT options for the future ISS product development.
It is not the final product !

5’15’’ video

Overview of the Pilot for the future Information Sharing System

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About you?

Which of you currently works for a railway company (IM/EF)?

Or for a national body or ministry (NSA, NIB, etc.)?

Else?

Who has a tool in their organisation for reporting accidents, incidents, near misses, etc.?

Which of you has a tool sharing safety management information within your company?

Who has ever reported safety recommendation or safety alerts outside your company?

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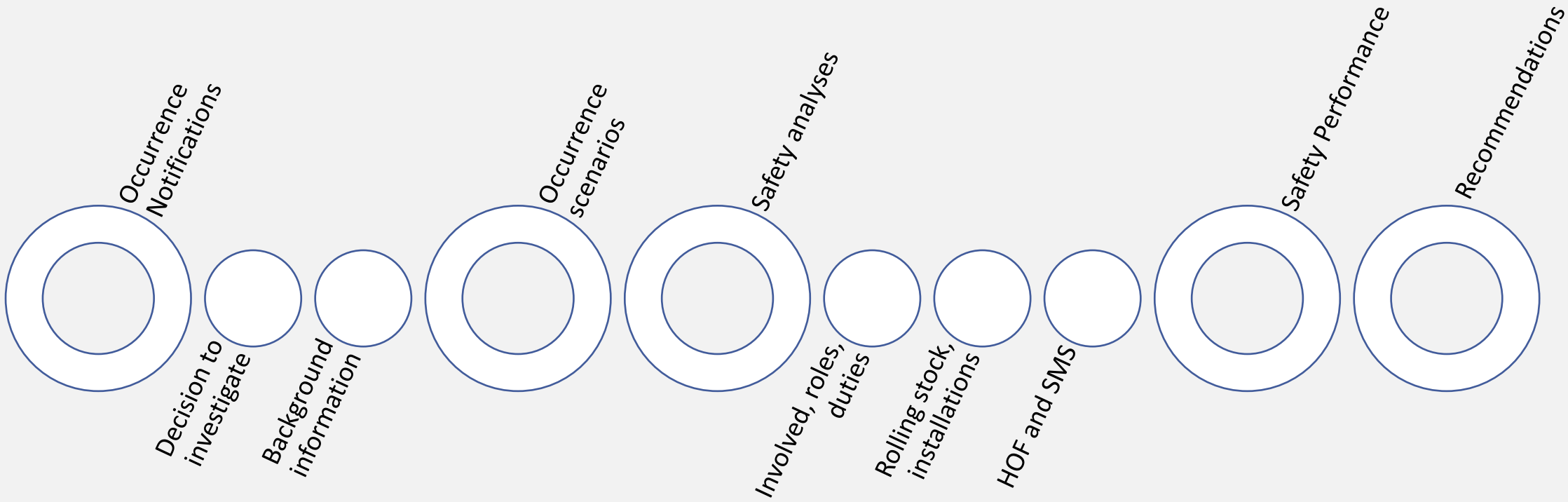
Sharing information during your work



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- February 28, 2023, 23:18, near Larissa, Greece
- Collision, 57 people died
- Passenger train IC-62, with 352 persons on board and travelling from Athens to Thessaloniki, departed Larissa station at 23:05, with a delay of 48 minutes.
- At almost the same time, freight train 63503 left the station Neoi Poroi towards Larissa, also with a delay on the planned schedule.
- Shortly after 23:18 both trains collided head-on, with the freight train registering a speed of almost 90 km/h while the passenger train was travelling at an estimated speed of 150 km/h.
- The shock was violent. The two locomotives of the freight train were pushed against the vertical retaining wall. The locomotive and the first-class of the passenger train were catapulted to the ground below, completely destroyed.
- About 81 people were seriously injured, and 99 had minor physical injuries.
- A substantial number of people, directly or indirectly involved with the accident, suffered emotional trauma.

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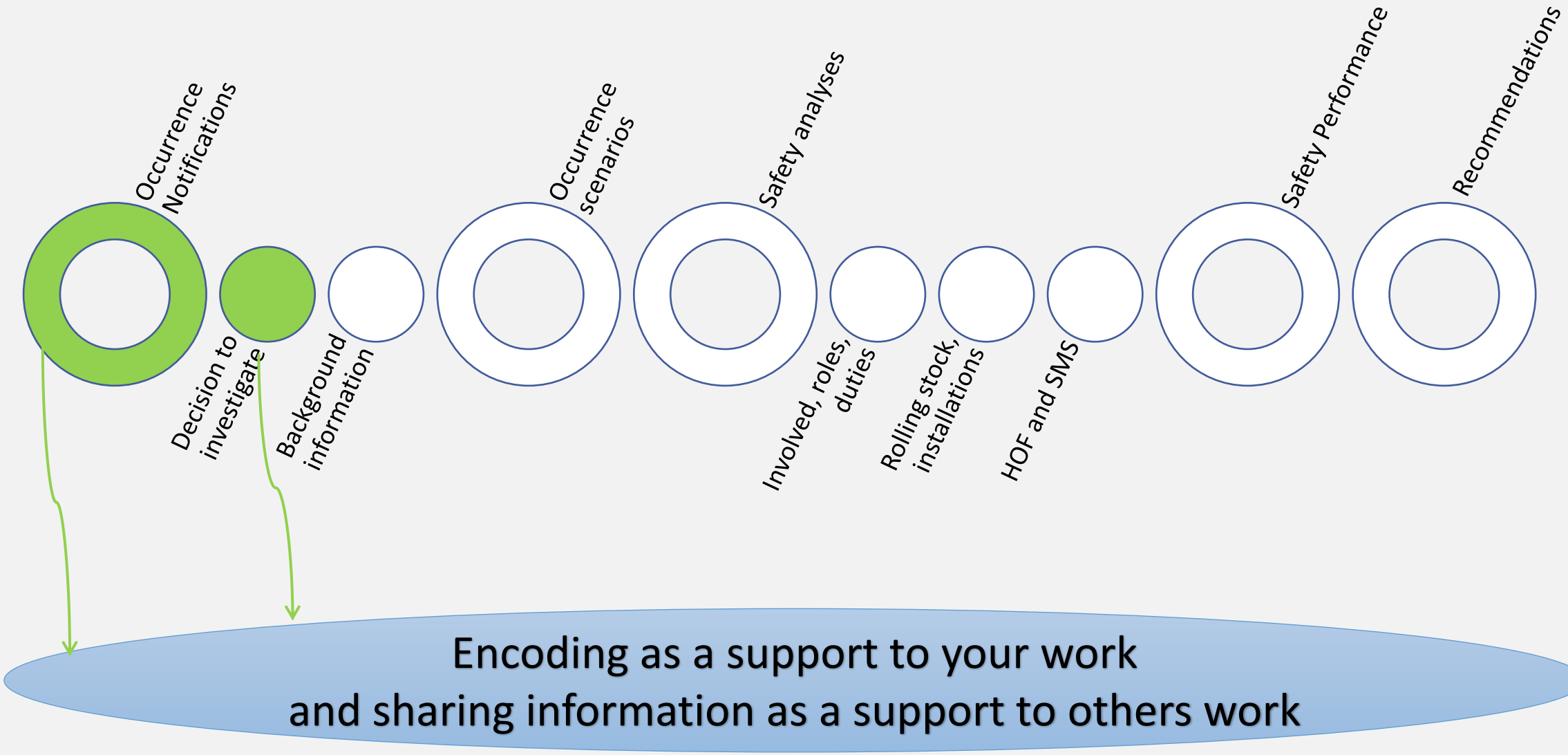
Within 24h



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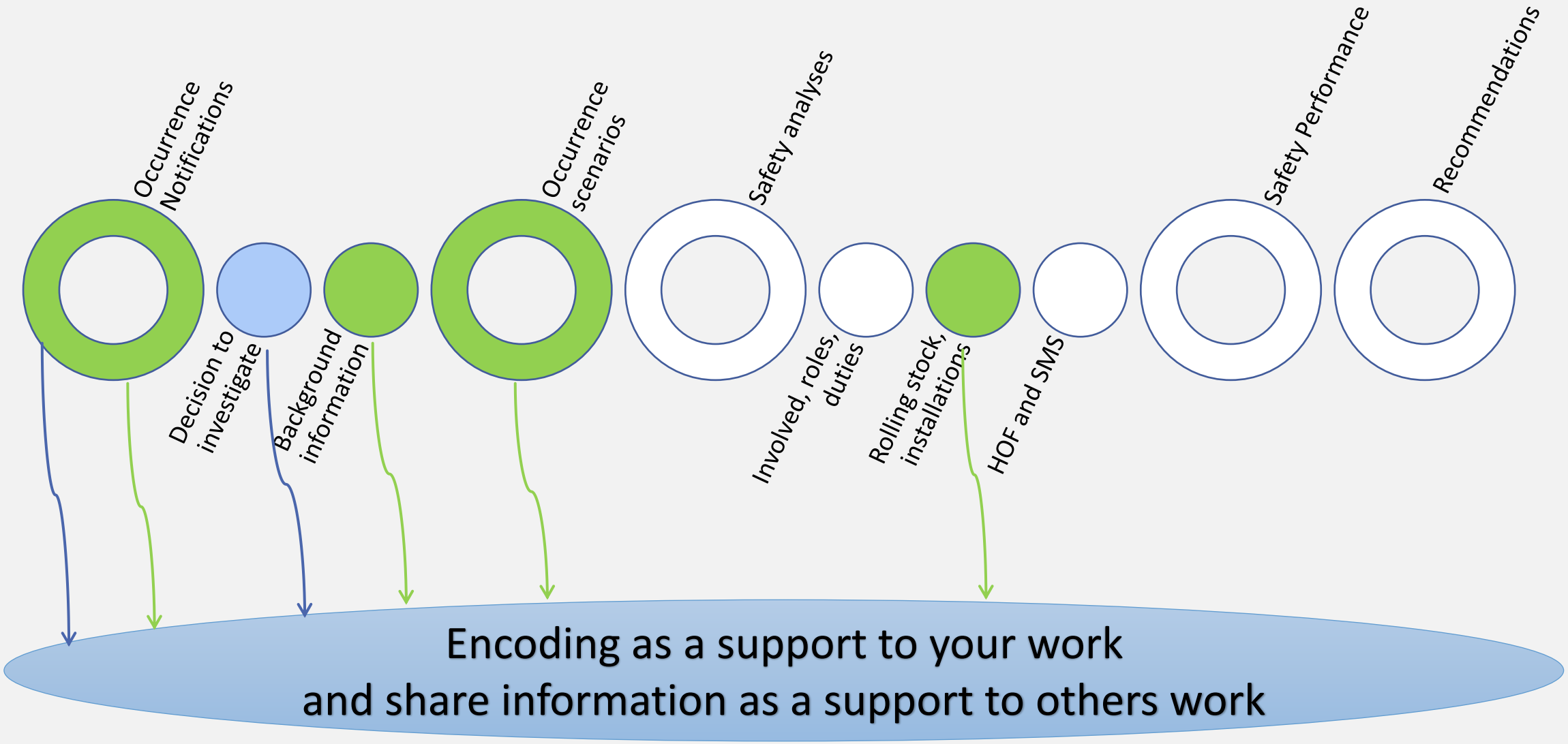
Within 2 days



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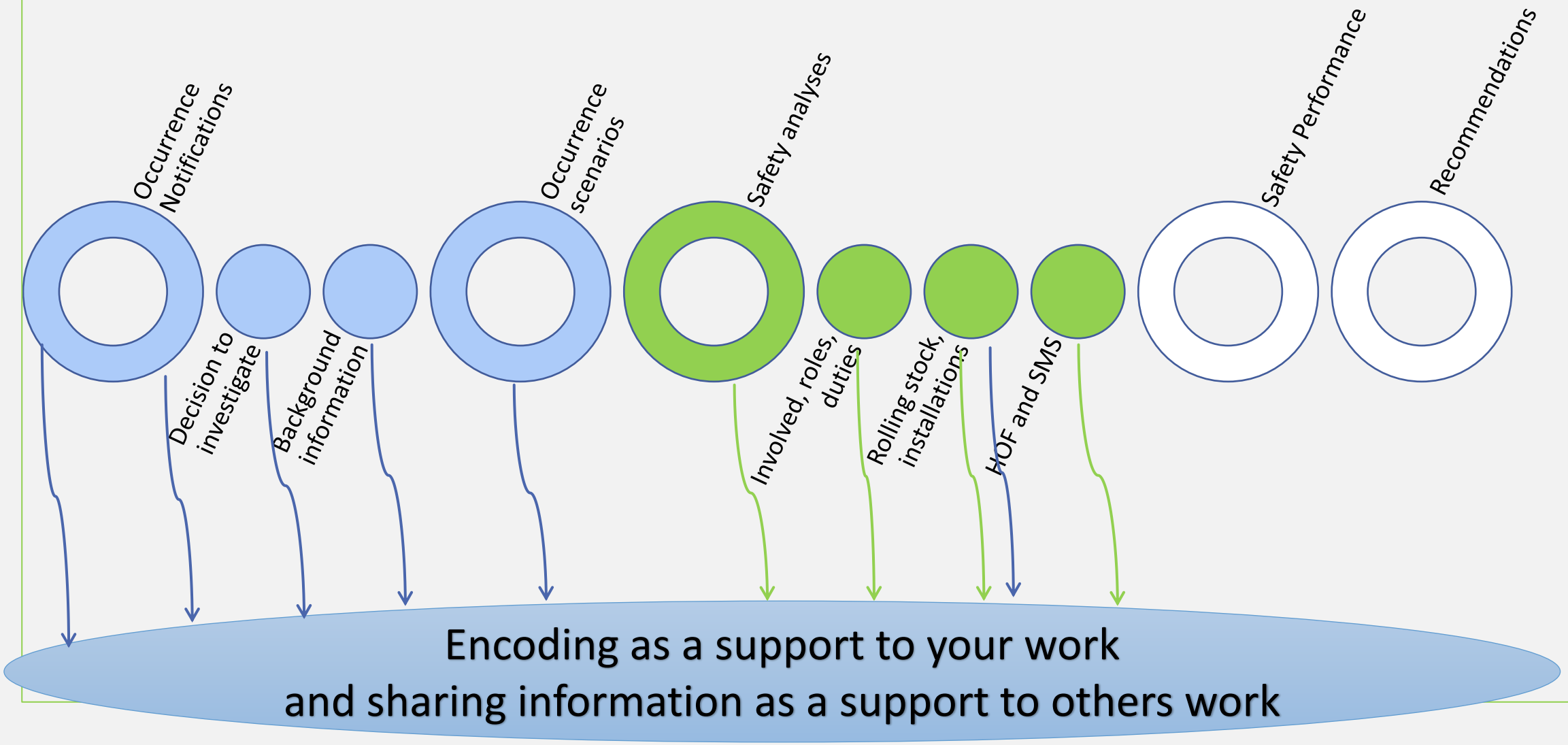
Within 3 days



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Demo

Exercises?

#	link	Investigation	CSM ASLP (code)	CSM ASLP (description)
1	OUTPUT	collision between IC-62 and 63503	A.1.1	Collision of train with train/rail vehicle
2	AND > OUTPUT	The route for train IC-62 to move from Larissa to Neo Pori is unintentionally left to the descent line.	B.1.1.1	Improper routing
3	CF > 2	Intention	CF.1.2.1	Intentions
4	CF > 2	Working alone by job design	CF.1.3.1	Design
5	CF > 2	« Normal/accepted » practice to continue to use manual (M) route setting	CF.1.4.1	Experience
6	CF > 2	« Normal/accepted » practice to continue to use manual (M) route setting	CF.1.5.4	Reinforcement
7	CF > 2	High # of communications	CF.1.1.1	Pressure
8	CF > 2	Work post design (Larissa control panel as tool)	CF.1.3.4	Tools
9…				
About 120 entries for this investigation report				

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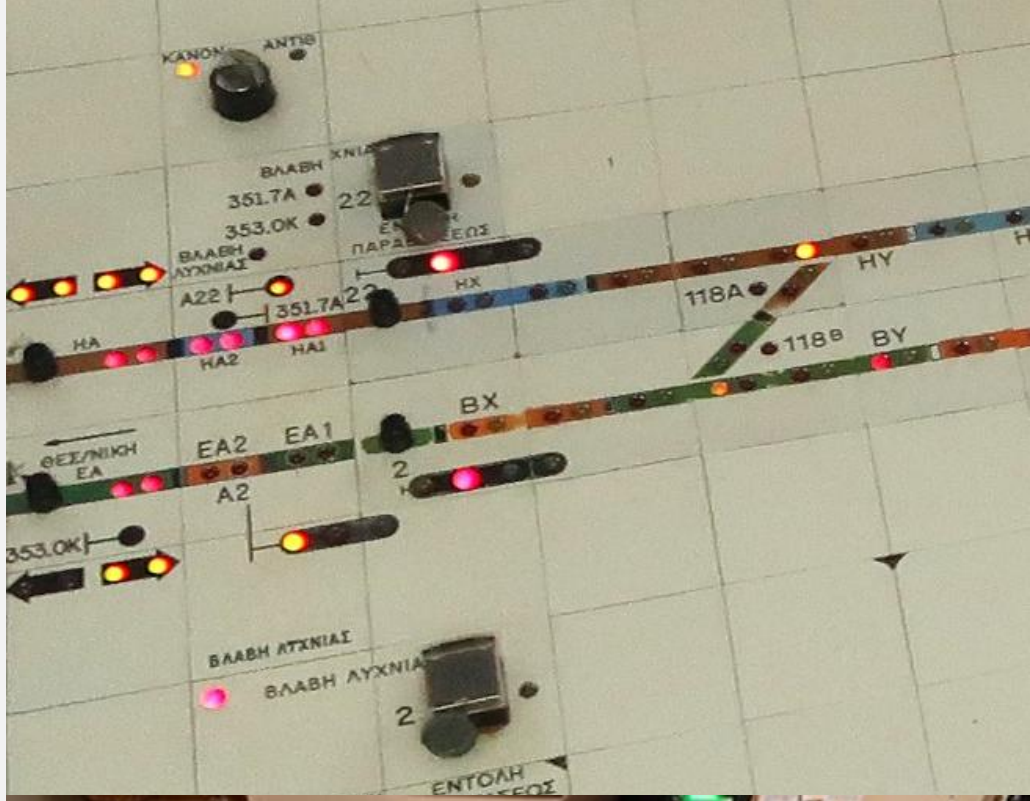
Both trains travelling in opposite directions on the same track

- Highly unlikely that Station Master had intention to put train IC-62 on opposite track. He did not use automated method to set route for train IC-62. He forgot to place switches 118 A/B in the “main” position and this mistake went further unnoticed.

Actions and decisions of Station Master need to be understood in the difficult operational context

- Control panel can lead to confusion for less experienced operators… it was the case for him, moreover at night… left alone by design.
- …



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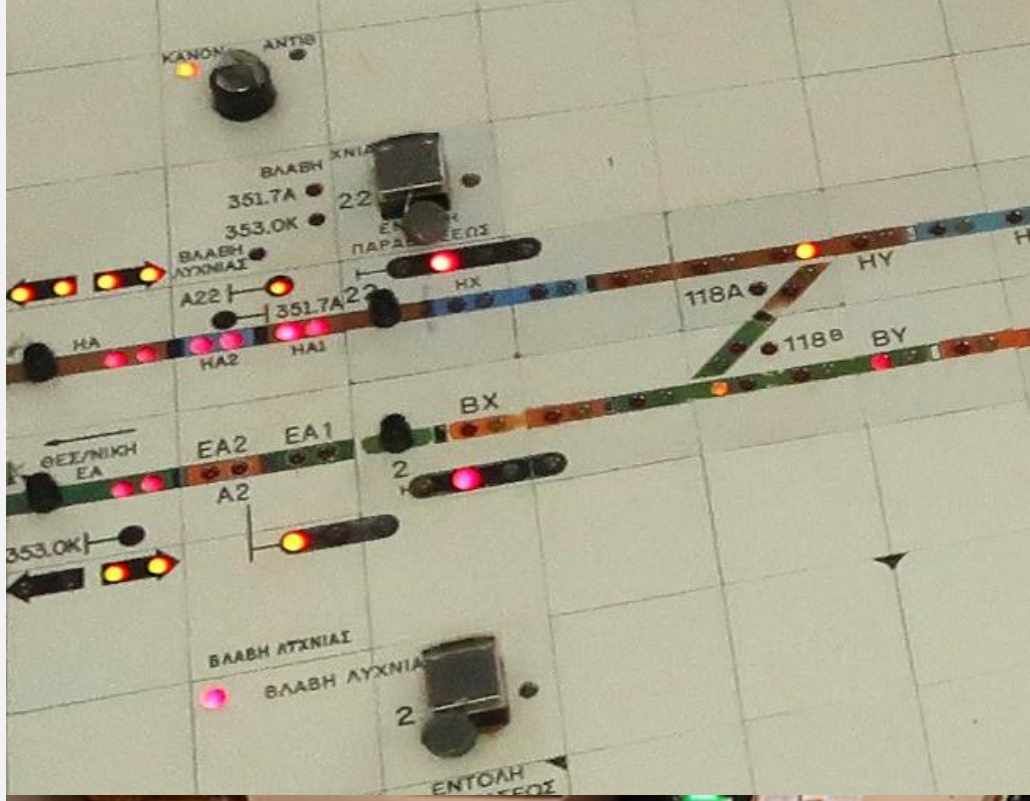
Actions and decisions of Station Master need to be understood in their operational context

- Control panel can lead to confusion for less experienced operators… it was the case for him, moreover at night… left alone by design.
- Different ways of operating switches were used interchangeably (manual/automated)… adequate instructions not available.
- Normal workload severely strained by a series of aggravating factors:
  - unprecedented high number of communications, many not directly related to task of controlling train traffic;
  - design of working environment did not allow for conversations to be held and at the same time keeping an eye on traffic;
  - attention (cognitive/emotional) occupied by correction of an earlier error he made.



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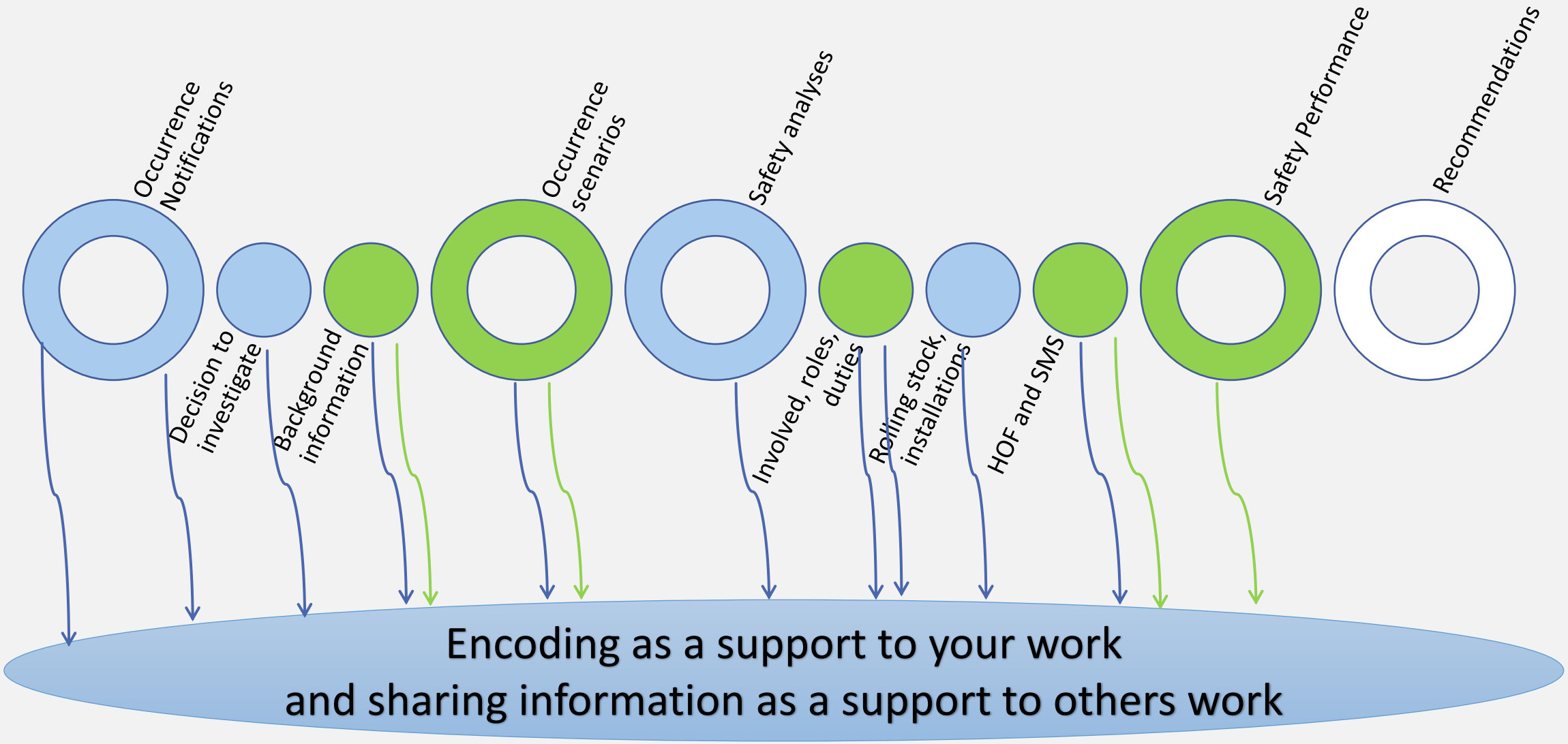
Within 2 months



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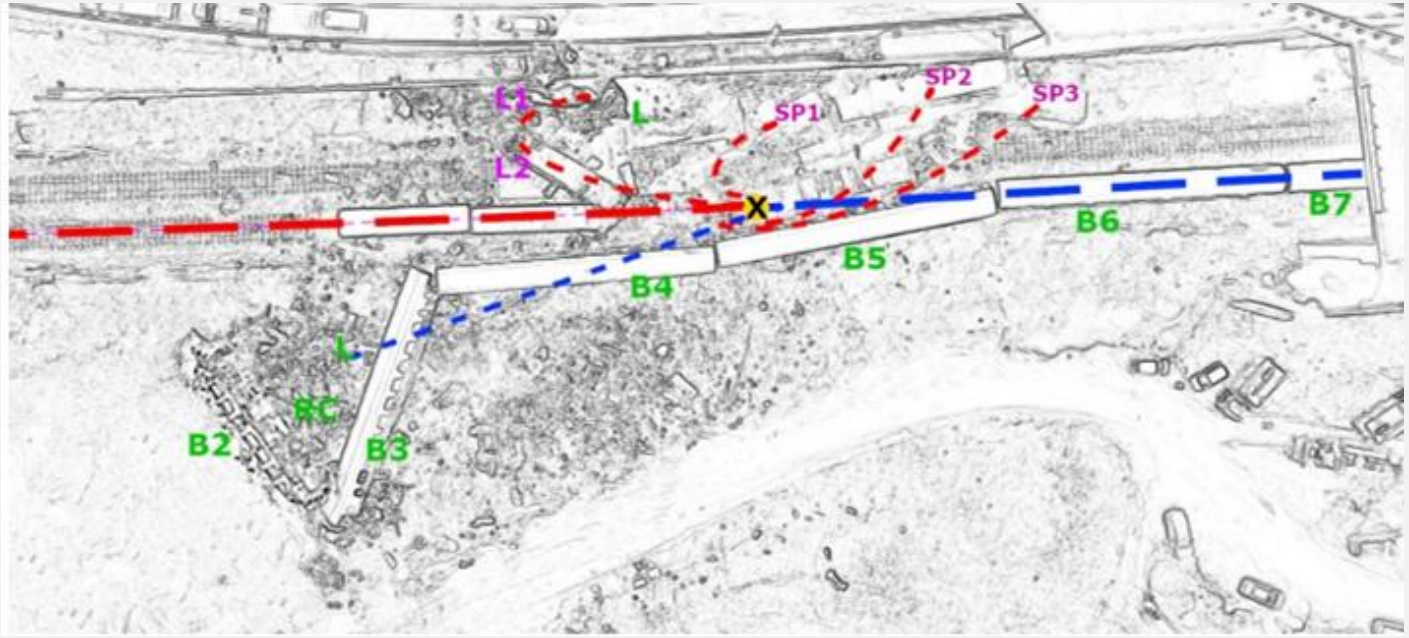
https://www.harsia.gr/wp-content/uploads/2025/02/EODASAAM_Accident_Investigation_Tempi-1.pdf



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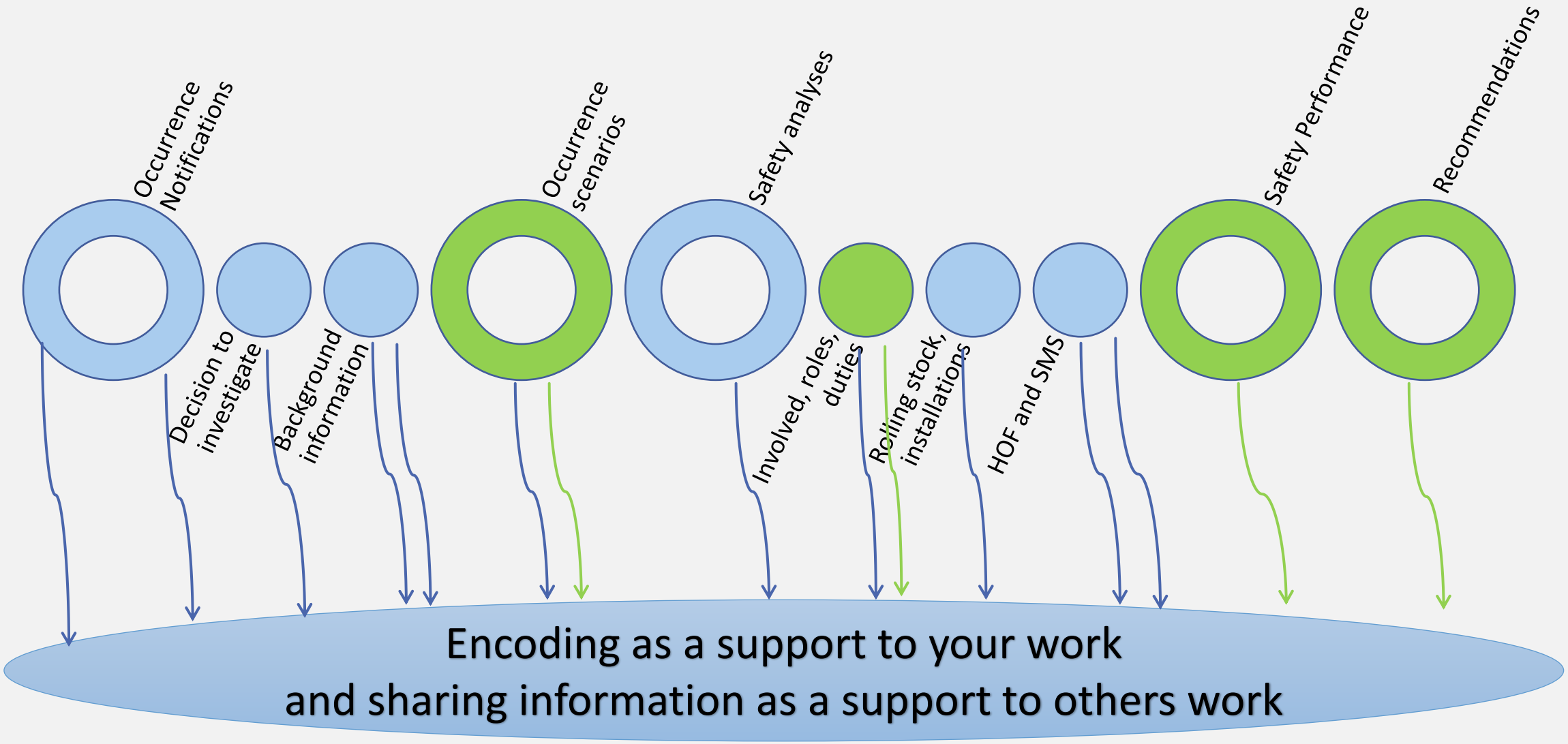
Within 12 months



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About ISS?

Encoding data is quick when timely done...

… what takes time is to collect the correct information

Sharing information automated, reduce the communication effort between parties, to (re)collect the same information

The ultimate goal is to understand what went wrong to prevent reoccurrence and collectively improve

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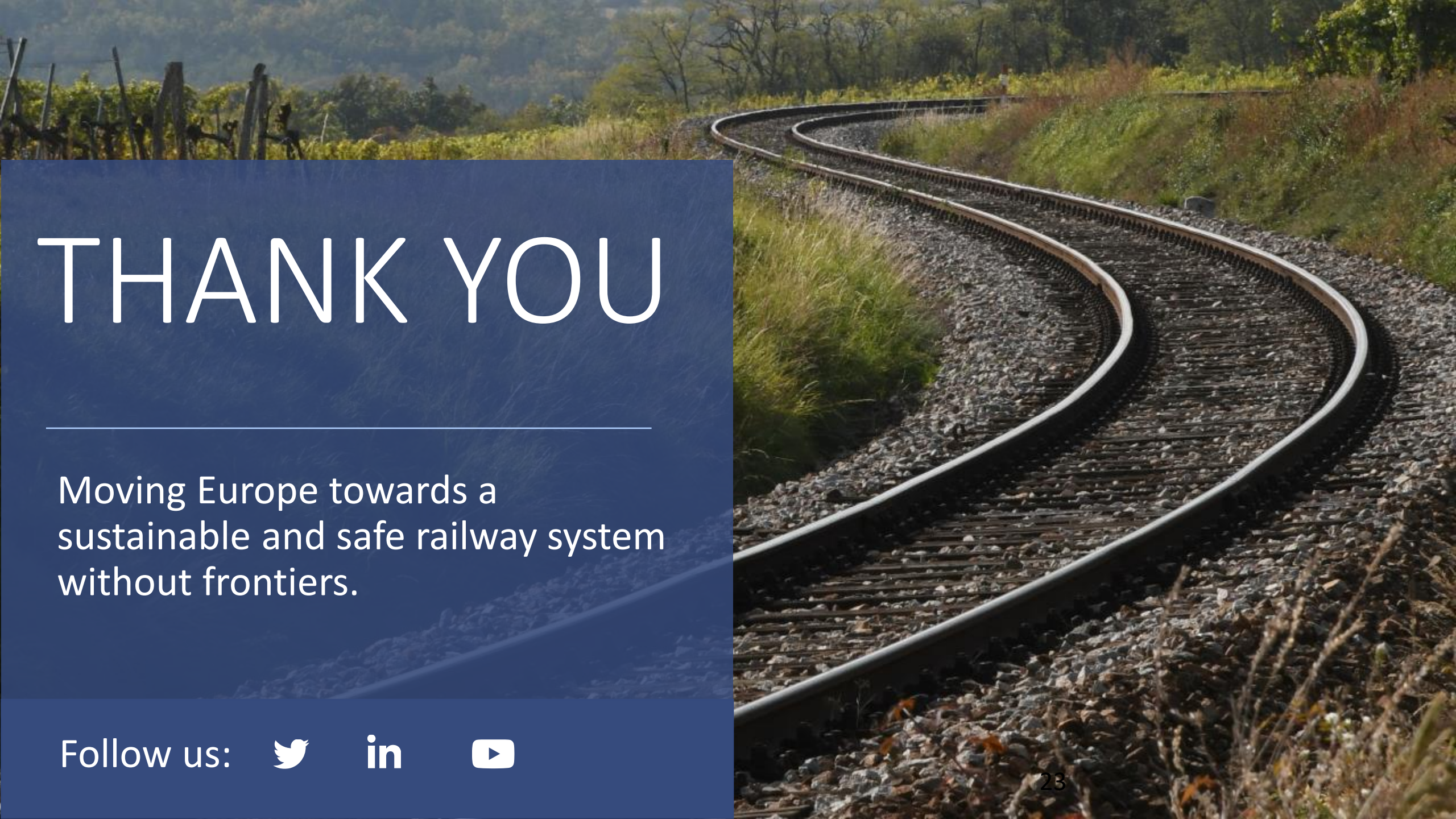
Question?

How many people here think that such an Information Sharing System could be useful?



THANK YOU

Moving Europe towards a sustainable and safe railway system without frontiers.

Follow us: