UTU UNSAFE CONDITION REPORT

We have the right, responsibility and empowerment, based on our experience, personal judgment and training to make decisions and take action necessary to prevent all personal injuries. By working together we can achieve this goal.

Local# __________ Date: __/__/____ Train/Job I.D. _________________
Location or Milepost of unsafe condition/act: _____________________________

_________________________________________________

Type of unsafe condition:
Switch/Derail _____ Defective/Missing Equipment _____ Brush/Weeds _____
Work/Walking Hazard _____ Insufficient Lighting _____ Locomotive/Taxi
issue____
Bridge/Track/Building structure _____ Signal _____
Other and/or Explanation: ____________________________________________


Is immediate action necessary to insure the safety of employees? _____
If yes, was the unsafe condition reported to the proper authority, Red
Tagged and taken out of service? ____ If yes, Reported to; __________________________
Date/Time __/__/____ @ __________
By: Radio ____ Phone ____ Fax ____ Letter _____
Suggested Corrective Action; ___________________________________________


To your knowledge has this condition been previously reported? _____ If yes,
reported to whom: __________________ Approximate date: ______________
Reported by: _____________________ Additional employee: ___________________


Thank you for taking the time to fill out this report. By being
PROACTIVE you take ownership in your SAFETY.