Unsafe Condition / Defective Equipment Report

Employee: Complete this form concerning any unsafe condition/defective equipment that you may find while at work. Report the problem to your supervisor on duty with the original copy. Then give a copy to your Union Representative, and retain a copy for your records.

Employee Name: _____ Date of Report: _____

Location of Unsafe Condition/Defect: _____
(Track Number, Mile Post, Street Address, etc.)

Describe Unsafe Condition/Defect: _____

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Company Representative: _____ Date: _____

Union Representative: _____ Date: _____

Employee: _____