

**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: \_\_\_\_\_