Chicago Division
Safety Issue Resolution
Unsafe Condition/Safety Concern
Report Form

Instructions
1. YOU ARE RESPONSIBLE TO PROTECT THE IDENTIFIED SAFETY CONCERN.
2. EACH REPORT SHOULD BE TAKEN TO THE RESPONSIBLE FIRST-LINE SUPERVISOR.
3. If there is no resolution/response given in seven (7) days, fax COMPLETED form to the Division Director of Administration at 773-579-5025.
4. Submitting employee will be notified (by company email letter) within seven (7) days upon receipt of the report.

Your Name:_________________________E-mail:_________________________

Address:_________________________Phone Number:_____________________

Job Title & Work Location:
Craft: MOW TY&E MEC Signal Other
Date:_____________Time:_____________Train Symbol:
Location:_________________________Mile Post:_________________________

Concern/Description:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Recommended Solution:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Was this form given and brought to the immediate attention of a Chicago Division Officer?
If yes, who?_________________________Date:___________________________

Have you been contacted you within seven days? Yes _____ No _____

<table>
<thead>
<tr>
<th>Officer Information</th>
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<tbody>
<tr>
<td>Issue forwarded to</td>
</tr>
<tr>
<td>Date resolution received? Date Completed:</td>
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Has this information been put into Chicago Division Safety Issue Resolution Log? _______