

**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 _____

Officer Information

Issue forwarded to _____ for a completion on _____

Date resolution received? _____ Date Completed: _____

Completed Resolution: _____

Has this information been put into Chicago Division Safety Issue Resolution Log? _____