

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 Division Safety Manager at 773-579-5178 and Safety Coordinator at 309-345-6429
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? _____