

# Brotherhood of Locomotive Engineers and Trainmen Federal Hours of Service Law - Violation Report

## ***EMPLOYEE INFORMATION***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation:    Engineer    Conductor    Brakeman    Other (Specify) \_\_\_\_\_

Employing Railroad: \_\_\_\_\_ Railroad Responsible (if different): \_\_\_\_\_

## ***ADDITIONAL CREW MEMBER***

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation:    Engineer    Conductor    Brakeman    Other (Specify) \_\_\_\_\_

## ***CREWS SERVICE INFORMATION***

Train ID: \_\_\_\_\_

ON DUTY Time: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_ State: \_\_\_\_\_

NOTIFIED    Dispatcher or    Yard Master of duty limitations at: \_\_\_\_\_ & \_\_\_\_\_

STOPPED train at Time: \_\_\_\_\_ Date: \_\_\_\_\_ Nearest Station: \_\_\_\_\_ State: \_\_\_\_\_

**TIME relieved from service:** \_\_\_\_\_ (Time you finish tying down train, and/or are instructed to relieve yourself)

**TOTAL TIME ON DUTY per HOURS OF SERVICE ACT:** \_\_\_\_\_ HRS \_\_\_\_\_ MINS

(Total time from on-duty time to time **relieved** from service, deadhead transportation to final terminal is limbo time, not OD time)

MODE of deadhead transportation:    Contract Van    Company Van    Train    Other: \_\_\_\_\_

TIME deadhead transportation began: \_\_\_\_\_ TIME deadhead transportation ended: \_\_\_\_\_

**TIME released from service:** Time: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_ State: \_\_\_\_\_

(Tie up time at Home or Away Terminal)

**Please enter remarks as needed to explain cause of HOS violation. All appropriate remarks will be used.**

Attach time slip and any other supporting documentation such as delays, and submit this report to your Legislative Representative or mail or fax directly to your BLET State Legislative Chairman:

(State) FAX #:

MAIL TO: