

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 the yellow copy to your Legislative Representative.

Employee Name: _____ Date of Report: _____

Location of Unsafe Condition/Defect _____
(Track Number, Mile Post, Street Address)

Describe Unsafe Condition/Defect: _____

Original Company Representative: _____ Date: _____

Yellow Copy Legislative Representative: _____ Date: _____

Pink Copy Employee