



Railroad Safety Regulation Violation Hours of Service Report

Don Moates, General Chairman
BLET Western Lines
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BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN

DIVISION _____

General Information:

Name of Railroad _____ Train ID Number _____ Date of Submission _____

Initial Terminal _____ Final Terminal _____ Date of Violation _____

Employee Information:

Name _____ Phone Number: _____

Address: _____

HOS Violation:

	Time	Additional Information
Departure from Initial Terminal		
Crew Expiration under HOSL		
Dispatch Notification of HOSL		(Dispatch Name)
Transportation Notified		
Transportation Arrived		
Release at Final Terminal		(Location)
Total Time On Duty:		

Comments:

Please Attach any available supporting documentation such as time slips, train delay reports, etc. A copy of this report should be provided to your General Chairman and your immediate railroad supervisor. Original Documentation should be submitted to the contact information at the top of this form.