



Brotherhood of Locomotive Engineers and Trainmen

UNSAFE CONDICTION/PRACTICE REPORT

Date: _____ Location of Unsafe Condition: _____

Time: _____ Nearest Mile Post: _____ Train/Job # _____

Employee _____ ID# _____ Occupation _____
(Optional)

Unsafe Condition/Practice _____

Corrective Action Needed: _____

Is immediate protection needed? If yes, what protection was provided?

Reported to _____ Date _____ Time _____
CSXT Manager



Received by _____ Date _____ Time _____
BLET Team Captain



Received by _____ Date _____ Time _____
BLET Division Contact

Reported to _____ Date _____ Time _____
Designated CSXT Manager



Received by _____ Date _____ Time _____
BLET Division SENSE Coordinator

Reported to _____ Date _____ Time _____



Designated CSXT Manager

Expected Correction Date: _____

Remarks: _____

Corrective Action Taken: _____

Corrected By Whom: _____ Date: _____



Copy to Division SENSE Coordinator: _____ Date: _____

