

# Brotherhood of Locomotive Engineers and Trainmen Excessive Hours of Service Report – National Data Collection

## **EMPLOYEE INFORMATION**

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

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

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

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)

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)

**TOTAL TIME OF SERVICE FOR TOUR OF DUTY:** \_\_\_\_\_ HRS \_\_\_\_\_ MINS

(Total time from on-duty time to final time of release at home or away terminal)

## **LIST ALL MAJOR CONTRIBUTING FACTORS CAUSING EXCESSIVE HOURS OF SERVICE**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Train hadn't arrived at initial location | <input type="checkbox"/> Train not ready, air, power | <input type="checkbox"/> Setting out bad order cars   |
| <input type="checkbox"/> Waiting for transportation               | <input type="checkbox"/> Waiting for train traffic   | <input type="checkbox"/> Derailment, accident         |
| <input type="checkbox"/> Couldn't get in to final terminal        | <input type="checkbox"/> Weather                     | <input type="checkbox"/> Switching cars & locomotives |
| <input type="checkbox"/> Dispatcher (explain)                     | <input type="checkbox"/> Yardmaster (explain)        | <input type="checkbox"/> Other (explain)              |

Please enter remarks as needed to explain delays. All appropriate remarks will be used.

**REMARKS:** \_\_\_\_\_

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Give this report to your Legislative Representative or mail or fax directly to the BLET National Office:

NATIONAL FAX # (216) 241-6516

MAIL TO: BLET National Division \* 1370 Ontario Street, Mezzanine \* Cleveland, Ohio \* 44113-1702