

# UNSAFE CONDITION / DEFECTIVE EQUIPMENT

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 a copy to your Legislative Representative, and retain a copy for your records.

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**Employee Name:**

**Date of Report:**

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**Location of Unsafe Condition / Defective Equipment (*Track #, Mile Post, Street Address...*):**

**Describe Unsafe Condition / Defective Equipment:**

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*Checkmark Indicates Copy Sent*

Company Representative:

Date Sent:

Legislative Representative:

Date Sent:

Employee (*Saved Copy*)