

# Brotherhood of Locomotive Engineers and Trainmen Federal Hours of Service Law - Violation Report

## **EMPLOYEE INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Occupation:  Engineer  Conductor  Brakeman  Other (Specify) \_\_\_\_\_  
Employing Railroad: \_\_\_\_\_ Railroad Responsible (if different): \_\_\_\_\_

## **ADDITIONAL CREW MEMBER**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
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)  
**TOTAL TIME ON DUTY per HOURS OF SERVICE ACT:** \_\_\_\_\_ HRS \_\_\_\_\_ MINS  
(Total time from on-duty time to time **relieved** from service, deadhead transportation to final terminal is limbo time, not OD time)  
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)

Please enter remarks as needed to explain cause of HOS violation. All appropriate remarks will be used.

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

Attach time slip and any other supporting documentation such as delays, and submit this report to your  
Legislative Representative or mail or fax directly to your BLET State Legislative Chairman:  
(State) FAX #:  
MAIL TO: