

CSX Chicago Division Unsafe Condition Report

We have the right responsibility and empowerment, based on our experience, personal judgment and training to make decisions and take action necessary to prevent all personal injuries. By working together we can achieve this goal.

Date: ___/___/___ Train / Job I.D. _____

Location or Milepost of unsafe condition or act:

Type of unsafe condition:

Is immediate action necessary to insure the safety of employees? _____

If yes, the unsafe condition should be reported to the proper authority, red tagged and taken out of service. Has this action taken place? _____

If yes, reported to: _____ Date/Time: ___/___/___ @ _____

Suggested Corrective Action:

To your knowledge has this condition been previously reported? _____

If yes, reported to whom: _____

Approximate date: ___/___/___

Would you like to be contacted in regards to this report? _____

If yes @ Email or phone# (_____) _____

Reported by: _____

Additional Employee(s): _____

Please place into unsafe condition box, and or fax or hand deliver to the following Safety team members: (For Toledo District Fax To: 419-661-3020 or RNX 8-473-3020)

**Thank you for taking time to fill out this report.
By being proactive you take ownership in your Safety Program**