

Transportation Division

Hours of Service - Violation Report

EMPLOYEE INFORMATION:		•
Name:	Phone:	B Number:
() Engineer () Conductor ()		
Name:	Phone:	B Number:
() Engineer () Conductor ()		
Name:	Phone:	B Number:
() Engineer () Conductor ()	Brakeman	
SUBDIVISION(S): () Panhandle () Hereford () Clo	vis () Avard ()	Paire City () Palley () Palley
	vis () Avard ()	Boise City () Dalhart () Red River
CREW SERVICE INFORMATION:		
Train ID:		
On Duty Time: Date:	Locatio	on:
Notified: () Dispatcher () Chief ()	MCO () Train Master	of HOS at (time):
		Location:
Time relieved from service:		
Were you instructed to NOT secure your tr	ain within HOS? () YE	S By:
Relief Crew: Conductor:		
TOTAL TIME ON DUTY PER HOURS OF SERVI (Total time from on-duty to time relieved from service)	CE ACT: HRS	MINS
Mode of deadhead transportation: () Tax	ti () Company Vehicle	() Train () Other:
Time deadhead transportation began:		
		Location:
	s as needed to explain ca	