

**KANSAS DIVISION
UNSAFE CONDITION AND GOOD HOUSEKEEPING EXCEPTION REPORT**

DATE: _____

TIME: _____

LOCATION: _____

LOG #: _____
(FOR SITE TEAM USE ONLY)

SHOP, YARD, OFFICE, ETC... CONDITION: (Circle Appropriate Items (s))

- | | | |
|-----------------------|---------------------|--------------------|
| A. Obstruction | H. Switch | O. Debris (Trash) |
| B. Impaired Clearance | I. Track or Roadbed | P. Uneven Surfaces |
| C. Oil or Water | J. Ties) | Q. Labeling |
| D. Stumbling Hazard | K. Signal Quality | R. Storage |
| E. Illumination | L. Tools | S. Facility Rep |
| F. Hole | M. Machinery | T. Other |
| G. Slipping Hazard | N. Equipment | |

Specific Condition and Location: _____

Recommendation(s) to Eliminate This Condition & Provide Interim Protection

Contact a Supervisor, Yardmaster, or Dispatcher to provide protection for the safety issue when deemed necessary, provide details below:

PLEASE SUBMIT COMPLETED FORM TO DEPARTMENT SUPERVISOR, DIVISION SAFETY MANAGER OR LOCAL UNION REPRESENTATIVE OR FAX TO 913-563-4774 or 913-551-4787

Submitted To: _____

Submitted By: _____

Employee No: _____

Employee Phone #: _____

Employee E-mail Address: _____

I would like to help correct this condition YES ____ NO ____

Condition entered into the SIRP log for the Kansas Division, Kansas City Terminal on: _____

Corrective Action assigned to: _____

When this condition has been corrected, an electronic message will be sent to the employee that reported the condition; this message will be from the individual that entered the corrective action taken on this taken on the issue. Please include your E-mail address and phone number on all items turned in.