

An Injury to One is an Injury to All.

NOTICE OF UNSAFE CONDITION at Amtrak

DATE: _____ LOCATION: _____

DESCRIPTION OF THE CONDITION:

ACTION THAT SHOULD BE TAKEN & OTHER COMMENTS/SUGGESTIONS:

SUPERVISOR: _____ DEPARTMENT: _____

IS THIS AN EXISTING CONDITION? YES _____ NO _____

IS THIS A NEW CONDITION? YES _____ NO _____

HAS ANYONE BEEN NOTIFIED? YES _____ NO _____

IF SO, WHO? _____ WHEN? _____

EMPLOYEE NAME: _____

EMPLOYEE ID: _____

Send completed form to any Union officer, Safety Liaison or fax or mail to the Union office.

The purpose of this form is to report unsafe conditions. Please keep in mind that just because you see the condition doesn't mean other Brothers and Sisters do.

