

DIESEL EMISSION COMPLAINT FORM



(Railroad)

(Train ID#)

Engine Initials & Numbers: _____

On Duty Date: ____ - ____ - ____ Time: _____

Off Duty Date: ____ - ____ - ____ Time: _____

INITIAL TERMINAL Location: _____
(City) (State)

FINAL TERMINAL Location: _____
(City) (State)

Train Information: Loads _____ Empties _____ Tons _____ Lenth _____

Amount of time exposed to the fumes: _____

Was smoke from the leading locomotive causing eye, nose, and/or throat irritation? Yes/NO Number of smoking units: _____

Were the smoking units reported? Yes/No Date: ____ - ____ - ____ Time: _____

Have the deisel emissions caused you to contact your physician? Yes/No
(if yes) What symptoms are you still having? _____

Please attach a copy of your TIMESLIP and/or DELAY REPORT for FRA use.

CREW MEMBERS FULL NAME. ADDRESS. PHONE NUMBER & LOCAL NUMBER IF POSSIBLE:

(Engineer Name) (Address) (City) (State) (Zip)

Phone Number (____) ____ - ____ Years of Service: _____ Union & Local Number: _____

(Conductor Name) (Address) (City) (State) (Zip)

Phone Number (____) ____ - ____ Years of Service: _____ Union & Local Number: _____

additional crew members:

Name: _____ phone #: _____
Name: _____ phone #: _____
Name: _____ phone #: _____

IF YOU HAVE ANY OTHER COMMENTS PLEASE USE THE BACK OF THIS FORM AND PROMPTLY RETURN TO YOUR LOCAL LEGISLATIVE REPRESENTATIVE. IF ADDITIONAL ASSISTANCE IS NEEDED WITH THIS FORM, YOU MAY ALSO CONTACT YOUR STATE DIRECTOR AT THE INFORMATION PROVIDED BELOW.

Directions: When filling out this form from your computer, please save a copy as a .pdf, then forward in an email (*as an attachment*) to your Local Legislative Representative .



Ken Menges, State Director
SMART - TRANSPORTATION DIVISION
Missouri State Legislative Board
moutu@embarqmail.com
573-634-3303
573-634-5925 (fax)