

UNSAFE CONDITION OR DEFECTIVE EQUIPMENT
MISSOURI STATE LEGISLATIVE BOARD
SMART TRANSPORTATION DIVISION

Employee: Complete this form on any Unsafe Condition or Defective Equipment that you may find. Report the problem to your Supervisor on duty and give a copy of this form to your SMART Local Legislative Representative. Should Corrective Action not be taken by the Carrier, your Representative will then contact the Superintendent and SMART State Legislative Director shown below.

Employee Name

Location

Date/Time: ____ / ____ / ____ at ____ : ____ am ____ pm
Mo Day Year Time

Supervisor Reported to: _____
Name Title

Description of Unsafe Condition or Defect:

IMPORTANT! NEED YOUR FULL NAME, ADDRESS, PHONE NUMBER & LOCAL NUMBER

Name

City State Zip + Four

(_____) _____ - _____
Phone Local

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 the copy, and upon completion forward in an email (*as an attachment*) to your local legislative representative.



Ken Menges, State Director
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Missouri Legislative Board
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573-634-3303
573-634-5925 (fax)