

HOURS OF SERVICE VIOLATION FORM

SMART TRANSPORTATION DIVISION

MISSOURI LEGISLATIVE BOARD

(Railroad)

(Train ID #)

ON DUTY: _____ (AM___/PM___) DATE: _____ OFF DUTY: _____ (AM___/PM___) DATE: _____

TOTAL TIME ON DUTY: _____ DATE OF VIOLATION: _____

INITIAL TERMINAL

Location: _____
(city) (State)

FINAL TERMINAL

Location: _____
(city) (State)

LOCATION WHERE TRAIN EXCEEDED 12-HOURS ON DUTY: _____

A. WAS THE CARRIER NOTIFIED OF THE TIME THE CREW TIED UP UNDER THE HOURS OF SERVICE? YES: _____ NO: _____
IF YES, WHO WAS ADVISED: _____ (GIVE FULL NAME & TITLE IF POSSIBLE)

B. AT WHAT TIME WAS THIS PERSON NOTIFIED? _____ (AM___/PM___)

C. HOW LONG AFTER NOTIFICATION WERE YOU RELEASED FROM YOUR RESPONSIBILITIES OF YOUR TRAIN?
HOURS: _____ MINUTES: _____

D. HOW LONG AFTER TYING UP UNDER THE HOURS OF SERVICE BEFORE YOU REACHED YOUR OFF DUTY POINT?
HOURS: _____ MINUTES: _____

PLEASE ATTACH A COPY OF YOUR TIME SLIP AND/OR DELAY REPORT FOR FRA USE.

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

(Engineer Name) (address) (city) (State) () - () (local)

(Conductor Name) (address) (city) (State) () - () (local)

YOUR SIGNATURE: _____

(your name) (address) (city) (State) () - () (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 USING THE INFORMATION PROVIDED BELOW.

Directions: After filling out this form, be sure and save a copy to your computer. Upon completion sent it in an e-mail (*as an attachment*) to your Local Legislative Representative for handling.



Ken Menges, State Director
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