

# Brotherhood of Locomotive Engineers and Trainmen Excessive Hours of Service Report – National Data Collection

## EMPLOYEE INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employing Railroad: \_\_\_\_\_ Railroad Responsible (if different): \_\_\_\_\_  
Occupation:  Engineer  Conductor  Brakeman  Other (Specify) \_\_\_\_\_

## CREWS SERVICE INFORMATION

Train ID: \_\_\_\_\_  
ON DUTY Time: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_ State: \_\_\_\_\_  
NOTIFIED  Dispatcher or  Yard Master of duty limitations at: \_\_\_\_\_ & \_\_\_\_\_  
STOPPED train at Time: \_\_\_\_\_ Date: \_\_\_\_\_ Nearest Station: \_\_\_\_\_ State: \_\_\_\_\_  
TIME relieved from service: \_\_\_\_\_ (Time you finish tying down train, and/or are instructed to relieve yourself)  
MODE of deadhead transportation:  Contract Van  Company Van  Train  Other: \_\_\_\_\_  
TIME deadhead transportation began: \_\_\_\_\_ TIME deadhead transportation ended: \_\_\_\_\_  
TIME released from service: Time: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_ State: \_\_\_\_\_  
(Tie up time at Home or Away Terminal)  
TOTAL TIME OF SERVICE FOR TOUR OF DUTY: \_\_\_\_\_ HRS \_\_\_\_\_ MINS  
(Total time from on-duty time to final time of release at home or away terminal)

## LIST ALL MAJOR CONTRIBUTING FACTORS CAUSING EXCESSIVE HOURS OF SERVICE

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Train hadn't arrived at initial location | <input type="checkbox"/> Train not ready, air, power | <input type="checkbox"/> Setting out bad order cars   |
| <input type="checkbox"/> Waiting for transportation               | <input type="checkbox"/> Waiting for train traffic   | <input type="checkbox"/> Derailment, accident         |
| <input type="checkbox"/> Couldn't get in to final terminal        | <input type="checkbox"/> Weather                     | <input type="checkbox"/> Switching cars & locomotives |
| <input type="checkbox"/> Dispatcher (explain)                     | <input type="checkbox"/> Yardmaster (explain)        | <input type="checkbox"/> Other (explain)              |

Please enter remarks as needed to explain delays. All appropriate remarks will be used.

**REMARKS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give this report to your Legislative Representative or mail or fax directly to the BLET National Office:  
NATIONAL FAX # (216) 241-6516  
MAIL TO: BLET National Division \* 1370 Ontario Street, Mezzanine \* Cleveland, Ohio \* 44113-1702