



*Brotherhood of Locomotive Engineers and Trainmen*

**UNSAFE CONDICTION/PRACTICE REPORT**

Date: \_\_\_\_\_ Location of Unsafe Condition: \_\_\_\_\_

Time: \_\_\_\_\_ Nearest Mile Post: \_\_\_\_\_ Train/Job # \_\_\_\_\_

Employee \_\_\_\_\_ ID# \_\_\_\_\_ Occupation \_\_\_\_\_  
(Optional)

Unsafe Condition/Practice \_\_\_\_\_  
\_\_\_\_\_

Corrective Action Needed: \_\_\_\_\_

**Is immediate protection needed?** If yes, what protection was provided?

\_\_\_\_\_

Reported to \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
CSXT Manager

Received by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Received by \_\_\_\_\_ BLET Team Captain  
\_\_\_\_\_ BLET Division Contact Date \_\_\_\_\_ Time \_\_\_\_\_

Reported to \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Designated CSXT Manager

Received by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
BLET Division SENSE Coordinator

Reported to \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Designated CSXT Manager

Expected Correction Date: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_

Corrective Action Taken: \_\_\_\_\_  
\_\_\_\_\_

Corrected By Whom: \_\_\_\_\_ Date: \_\_\_\_\_

Copy to Regional SENSE Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_