

Hazardous Materials Violation Report Form

1. Respondent: RR/Co Code: <input type="text"/>		2. Name of Inspector: ID No.: <input type="text"/>	
3. Address of Respondent:		4. Violation Report Number:	5. F6180.96 Report Number - Date:
6. Location Where the Violation was Observed: City: <input type="text"/> State: <input type="text"/>		7. Date Violation Occurred: Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>	
9. Line Item No. / Primary Section Violated / Number of Claims: Line Item _____ (_____ claim(s))		8. Train Designation:	
10. Violation Narrative:			
11. Date Report Prepared:		12. Signature of Inspector(s):	13. Respondent Notification: Name: Title: Date: Time:

Public reporting burden for this information collection is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 2130-0509. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1120 Vermont Ave., N.W., Washington, D.C. 20590.