
 U.S. Department of Transportation Federal Railroad Administration		MP&E SAFETY CONCERN & RECOMMENDATION REPORT			
Inspector(s) Name:		Inspector ID:	Date:	Region:	FRA Control No.:
Built Date:		Type: (e.g. B, CH, AC, etc. use code from F6180.96 / RISPC table)			
Name of Builder and/or Owner:		Location of Builder and/or Owner: (City & State)			
Initial:	Number:	Were Concern(s) Recorded On F6180.96: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, Indicate Inspector Initials Followed by Inspection Report No.(s):					
Approximate Number Of Units With 0 Reporting Marks:					
If Known, Approximate Number Of Units In Service With The Concern(s) Described Below:					
CFR Section And Text Reference: (Cite Complete CFR Section, TB, and Corresponding Text Description)					
Description Of Concern(s):					
Cite Any Safety Concerns, Known History Of Injuries/Fatalities/Derailments, etc. Associated With This Issue: (Names, Dates, Location, etc.)					
Inspector Recommendation(s):					


FRA F 6180.4a (11/04)

Pubic reporting burden for this information collection is estimated to average 60 minutes per response. This estimate includes the time for completing the inspection and filling-out this form. According to the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection of information is 2130-XXXX.

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