
 <b>U.S. Department of Transportation Federal Railroad Administration</b>		<b>MP&amp;E SAFETY CONCERN &amp; RECOMMENDATION REPORT</b>		
Inspector(s) Name:		Inspector ID:	Date:	Region:
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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