



Part 214 Railroad Workplace Safety Violation Report Form

REPORT GENERAL INFORMATION

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|--------------------|---------------------------|-------------------------|---------------------|--------------------|-------------------------|
| 1. Inspector Name: | 2. Inspector's Viol. No.: | 3. Annual F6180.96 No.: | 4. Inspection Date: | 5. Violation Date: | 6. Violation Rpt. Date: |
|--------------------|---------------------------|-------------------------|---------------------|--------------------|-------------------------|

RAILROAD INFORMATION

| | | | | |
|-------------------|---------------------------|--------------|------------------|-----------------------|
| 7. RR/Co Initial: | 8. Railroad/Company Name: | 9. Division: | 10. Subdivision: | 11. Inspection Point: |
|-------------------|---------------------------|--------------|------------------|-----------------------|

ITEM(S) VIOLATED

| | | | | | |
|----------------|------------------------|---------------------------|---------------------------|--------------------------|--------------------------|
| 12. Line Item: | 13. Initials/Milepost: | 14. Willful/ Non Willful: | 15. Individual/Corporate: | 16. Railroad/Contractor: | 17. Method of Operation: |
| 18. Part No.: | 19. Subpart Title: | 20. Sect. No.: | 21. Section Title: | 22. Paragraph: | 23. Counts: |

24. Text of Violated Paragraph:

NARRATIVE

25. Synopsis of Violation:

26. Seriousness/Reasons for Violation:

27. Other Items Found During Inspection (not recommended for violation):

28. Background/Special Circumstances:

29. Attachment List:

FRA INSPECTOR SIGNATURE

RAILROAD/COMPANY REPRESENTATIVE

| | | | |
|------------------------------|------------------|-----------|------------|
| 30. FRA Inspector Signature: | 31. Date Signed: | 33. Name: | 34. Title: |
|------------------------------|------------------|-----------|------------|

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|--------------------------|--|
| 32. FRA Inspector No. 2: | 35. Accompanied FRA Inspector During Inspection: [] Yes [] No |
|--------------------------|--|

Public reporting burden for this information collection is estimated to average four (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, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 2130-0539.