

DIESEL EMISSION FORM
UNITED TRANSPORTATION UNION

RAILROAD: _____ TRAIN IDENTIFICATION #: _____

ENGINE #: _____, ENGINE #: _____, ENGINE #: _____, ENGINE #: _____, ENGINE #: _____

ON DUTY: _____ (AM/PM) DATE: _____ OFF DUTY: _____ (AM/PM) DATE: _____

INITIAL TERMINAL LOCATION: _____

CITY

STATE

FINAL TERMINAL LOCATION: _____

CITY

STATE

TRAIN CONSIST: _____, LOADS: _____, EMPTIES: _____, TONS: _____

A. WAS SMOKE FROM THE ENGINE IN THE LEAD POSITION CAUSING EYE, NOSE AND/OR THROAT IRRITATION?

YES: _____, NO: _____, # OF SMOKING ENGINES: _____

B. WAS THIS/THESE UNITS REPORTED ON M.E. 60? YES: _____, NO: _____

C. HAS DIESEL EMISSIONS PROMPTED YOU TO SEE YOUR PHYSICIAN? YES: _____, NO: _____

D. HAS DIESEL EMISSIONS CAUSED YOU TO MISS WORK? YES: _____, NO: _____

PLEASE ATTACH A COPY OF YOUR TIME SLIP AND/OR DELAY REPORT FOR FRA USE.

CREW MEMBERS FULL NAME, ADDRESS, PHONE NUMBER & LOCAL NUMBER IF POSSIBLE:

ENGINEER: _____

CONDUCTOR: _____

YOUR SIGNATURE: _____ YOUR PHONE #: _____

YOUR ADDRESS: _____ YOUR LOCAL #: _____

IF YOU HAVE ANY OTHER COMMENTS PLEASE USE THE BACK OF THIS FORM AND PROMPTLY RETURN TO STATE LEGISLATIVE DIRECTOR.

Return to: Robert W. Guy, State Director, 8 S. Michigan Avenue, Suite 2006, Chicago, IL 60603