

REQUEST FOR AN INSPECTION REGARDING ALLEGED UNSAFE WORKING CONDITIONS

INSTRUCTIONS: Requestor to complete the first three sections

1) LOCATION IDENTIFICATION	DATE
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ORGANIZATION NAME

STREET ADDRESS	CITY/TOWNSHIP	STATE	ZIP CODE
COUNTY	RAILROAD		

2) INSPECTION INFORMATION

BRIEF DESCRIPTION OF SAFETY CONCERNS:

3) CONTACT INFORMATION

NAME/TITLE		ORGANIZATION	
STREET ADDRESS		CITY	STATE ZIP CODE
PHONE NO.	FAX NO.	E-MAIL ADDRESS	OTHER

ADDITIONAL CONTACTS:

4) MDOT DETERMINATION

HOLD INSPECTION	INSPECTION DATE
YES NO	
INSPECTOR	EC#

COMMENTS