

**REQUEST FOR AN INSPECTION REGARDING
ALLEGED UNSAFE WORKING CONDITIONS**

INSTRUCTIONS: Requestor to complete the first three sections.

1) LOCATION IDENTIFICATION	DATE
-----------------------------------	------

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