Michigan Department
of Transportation
1432 (10/2022)

REQUEST FOR AN INSPECTION REGARDING
ALLEGED UNSAFE WORKING CONDITIONS

Instructions: Requesting party to complete Section 1 through 4 and attach relevant documentation.

DATE

SECTION 1. REQUESTOR CONTACT INFORMATION

REQUESTOR NAME	TITLE	NAME OF ORGANIZATION	
STREET ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	E-MAIL ADDRESS		

SECTION 2. LOCATION OF ALLEGED UNSAFE WORKING CONDITIONS

STREET ADDRESS	CITY	STATE	ZIP CODE
COUNTY	NAME OF RAILROAD		

SECTION 3. DETAILED DESCRIPTION OF ALLEGED UNSAFE WORKING CONDITIONS

DESCRIPTION OF SAFETY CONCERNS

SECTION 4. COMMUNICATION WITH RAILROAD TO RESOLVE UNSAFE WORKING CONDITIONS

RAILROAD CONTACT NAME	DATE OF COMMUNICATION
E-MAIL ADDRESS	PHONE NUMBER

OUTCOME OF COMMUNICATION (Requestor shall attach relevant documentation of <u>all</u> prior correspondence addressing effort to resolve unsafe working conditions.)

SECTION 5. MDOT DETERMINATION

HOLD INSPECTION YES NO	INSPECTION DATE
INSPECTOR	EMPLOYEE COMPLAINT NUMBER

COMMENTS

E-mail completed form to MDOT-RailSafety@Michigan.gov or mail to MDOT Rail Safety, 425 West Ottawa, Lansing, Michigan, 48909.