

Please see the PRA Public Protection Statement at the bottom of this form

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|---------------|--------------------------------------------------------------|--|---------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| DEPARTMENT OF TRANSPORTATION<br><b>FEDERAL RAILROAD ADMINISTRATION</b><br><b>HOURS OF SERVICE REPORT - RAILROADS</b><br><i>(Employees on duty in excess of that permitted by the Hours of Service Law)</i> |  |  |               | MONTH AND YEAR<br><br>/                                      |  | SHEET NO.                                                                             |  | Notes:<br>*Cumulative total for a calendar month greater than 276 hours of time spent in covered service; time spent awaiting or in deadhead transportation from a duty assignment to the place of final release; and time spent in any other service at the behest of the railroad (49 USC §21103(a)(1)). |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| NAME OF RAILROAD                                                                                                                                                                                           |  |  | RAILROAD CODE | DIVISION                                                     |  |                                                                                       |  |                                                                                                                                                                                                                                                                                                            | **Excess of 30 hours in a calendar month of time spent awaiting or in deadhead transportation from a duty assignment to the point of final release following a period of 12 consecutive hours on duty (49 USC §21103(c)).<br><br>***(F) On duty period initiated in excess of 6 or 7 consecutive days; initiated on duty period for 6 or 7 consecutive days without 48 or 72 hours off duty at employee's home terminal (49 USC §21103(a)(4)).<br><br>***(P) On duty period initiated in excess of 6 or 14 consecutive days; initiated on duty period for 6 or 14 consecutive days without 24 hours off duty or 2 consecutive calendar days of not initiating a on-duty period at the employee's home terminal (49 CFR 228.405 (a)(3)(ii), (iii)). |  |
| TRAIN OR ENGINE NUMBER <i>(If train or engine crew)</i>                                                                                                                                                    |  |  |               | NAME OF OFFICE OR STATION <i>(If operator or dispatcher)</i> |  |                                                                                       |  |                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| REPORTING OFFICER <i>(Signature &amp; title)</i>                                                                                                                                                           |  |  |               |                                                              |  | DISPATCHER EMPLOYEES ONLY                                                             |  |                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| ADDRESS                                                                                                                                                                                                    |  |  |               |                                                              |  | <input type="checkbox"/> 9 HOUR OFFICE<br><br><input type="checkbox"/> 12 HOUR OFFICE |  |                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| TYPE OF SERVICE                                                                                                                                                                                            |  |  |               |                                                              |  |                                                                                       |  |                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |

| NAME OF<br>EMPLOYEE | OCCUPATION | CONSECUTIVE<br>TIME OFF DUTY<br>IN PRECEDING<br>24-HOUR<br>PERIOD | ON DUTY    |       | OFF DUTY   |       | TOTAL TIME<br>ON DUTY | TIME<br>OFF DUTY<br>UNTIL NEXT<br>SERVICE<br>PERIOD | TRAIN EMPLOYEES ONLY                       |                                        |                                                             |                                                       |
|---------------------|------------|-------------------------------------------------------------------|------------|-------|------------|-------|-----------------------|-----------------------------------------------------|--------------------------------------------|----------------------------------------|-------------------------------------------------------------|-------------------------------------------------------|
|                     |            |                                                                   | DATE       | TIME  | DATE       | TIME  |                       |                                                     | MONTHLY TOTALS<br>FREIGHT ONLY             |                                        | ***INITIATING ON-DUTY PERIOD<br>FREIGHT (F) & PASSENGER (P) |                                                       |
|                     |            |                                                                   |            |       |            |       |                       |                                                     | *MANDATORY<br>SERVICE TOTAL<br>> 276 HOURS | **LIMBO OVER 12<br>HOURS<br>> 30 HOURS | EXCEEDED<br>CONSECUTIVE<br>DAYS ALLOWED                     | TIME OFF<br>< 48/72 HOURS (F)<br>< 24hrs / 2 Days (P) |
|                     |            |                                                                   |            |       |            |       |                       |                                                     |                                            |                                        |                                                             |                                                       |
|                     |            | HH:MM                                                             | MM/DD/YYYY | HH:MM | MM/DD/YYYY | HH:MM | HH:MM                 |                                                     |                                            |                                        |                                                             |                                                       |
|                     |            |                                                                   |            |       |            |       |                       |                                                     |                                            |                                        |                                                             |                                                       |
|                     |            |                                                                   |            |       |            |       |                       |                                                     |                                            |                                        |                                                             |                                                       |
|                     |            |                                                                   |            |       |            |       |                       |                                                     |                                            |                                        |                                                             |                                                       |
|                     |            |                                                                   |            |       |            |       |                       |                                                     |                                            |                                        |                                                             |                                                       |
|                     |            |                                                                   |            |       |            |       |                       |                                                     |                                            |                                        |                                                             |                                                       |

CAUSE:

**PRA Public Protection Statement**

Public reporting burden for this information collection is estimated to average 2 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, a federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 2130-0005. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Avenue, S.E., Third Floor West, Washington, D.C. 20590.