OMB NO. 04-R4025

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION

HOURS OF SERVICE REPORT – RAILROADS

(Employees on duty in excess of that permitted by the Hours of Service Law)

MONTH AND YEAR	SHEET NO.

NAME OF ROAD

DIVISION

TRAIN OR ENGINE NUMBER *(If train or engine crew)*

NAME OF OFFICE OR STATION *(If operator or dispatcher)*

REPORTING OFFICER *(Signature & title)*

ADDRESS

CHECK IF APPLICABLE:

☐ 9 HOUR OFFICE

☐ 12 HOUR OFFICE

NAME OF EMPLOYEE	OCCUPATION	*CONSECUTIVE TIME OFF DUTY IN PRECEDING 24-HOUR PERIOD		ON DUTY		OFF DUTY		TOTAL TIME ON DUTY		TIME OFF DUTY UNTIL NEXT SERVICE PERIOD	
		HRS.	MINS.	DATE	TIME	DATE	TIME	HRS.	MINS.	HRS.	MINS.

Time spent in deadhead transportation to a duty assignment is time on duty. Where more than one on duty period is involved, all times must be shown.

*Must not include any time spent deadheading.

CAUSE:

Form FRA F 6180-3 (8-72)

USE REVERSE SIDE IF MORE SPACE IS REQUIRED.