

GOOD FAITH CHALLENGE FORM - PART 218

Name & Emp. No.: _____

Craft: _____

Job Assignment: _____

Officer's Name/Title: _____

Date and Time of Challenge: _____

Location where challenge is taking place: _____

Track (Main, Yard, Industrial, other) type: _____ Mile Post: _____

Operating Rule not being complied with (Rule No. if known) and reason for Challenge: _____

Other Employees with Information (if any) in regard to the Situation: 1. _____

2. _____ 3.: _____

Signature of employee making challenge _____ Date: _____

Determination by Officer: _____

Signature: _____ Date: _____

Determination of Reviewing Officer: _____

Signature: _____ Date: _____

INSTRUCTIONS: The employee making a Good Faith challenge shall complete this form, sign and date it, give it to his Supervisor who shall document his determination and sign. Once the Good Faith Challenge has been resolved, this form must be forwarded to the Rules Department Manager. You must also forward a copy to General Superintendent's Office on the Division that the challenge took place.