

Colorado Railroad Museum Monthly Hours of Service Report

NAME: _____

MONTH: _____

YEAR: _____

On/Off Duty Location: _____

| Position | Previous Time Off Duty | Train/Job | Beginning Tour of Duty | | Ending Tour of Duty | | Total Time |
|----------|------------------------|-----------|------------------------|------|---------------------|------|------------|
| | | | Date | Time | Date | Time | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REMARKS - to include explanations for exceeding Hours of Service.

I, _____ hereby state that the information contained on this record is correct.

Train/Job - PO - Passenger Operations, SO - Switching Operations, TO - Training Operations
Positions - E - Engineer, F - Fireman, MO - Motorman, C- Conductor, B - Brakeman, CM - Comingled

Instructions

Covered Service - The portion of the employee/volunteer's time on duty during which the employee/volunteer is engaged in, or connected with the movement of rolling equipment. If you give/receive a signal, line a switch (in relationship to movement of rolling equipment), operate a locomotive or motor (Goose), you are in covered service.

You only need to enter the information on this form if you have performed covered service during the day. If you have not performed covered service you do not need to use this form.

Comingled Service - For an employee/volunteer is any non-covered service performed for the railroad museum that *is not separated from covered service by a qualifying off-duty period of at least 8 hours or 10 hours (if duty period exceeds 12 hours)*. Such comingled service is counted as *time on duty*.

If you perform something other than covered service during the day, then perform covered service, it now all counts as covered service and you will then need to fill out the form.

Entering Data in Form

Please make sure information entered is legible

Name – Enter last name first then first name or initial

Month – Enter month that service is performed

Year – Enter year that service is performed

On/Off Duty Location – Enter *Golden Roundhouse* or *Golden*

Position – Enter the appropriate position or positions using the codes listed at bottom of form (E-Engineer, C-Conductor, etc).

Previous Time Off Duty – If you have worked/volunteered at the museum *in any service* during the previous 48 hours, enter the hours and minutes since you ended that service. If you *have not* worked/volunteered at the museum in the previous 48 hours, enter the number of days since you ended that service.

Train/Job – Enter the appropriate train/Job using the codes listed at bottom of form (PO-Passenger Operations, SO Switching Operations, etc).

Beginning Tour of Duty – Time on duty begins when the employee/volunteer reports for duty

Ending Tour of Duty - Time ends when the employee/volunteer is finally released from duty

Time the employee/volunteer is engaged in or connected with the movement of rolling equipment is time on duty. Time spent performing any other service for the railroad museum during a 24-hour period in which the individual is engaged in or connected with the movement of a rolling equipment is time on duty (Comingled Service).

Total Time (on duty) – Enter total hours on duty in covered service or comingled service

Remarks – Briefly explain:

- Any comingled service (example) *Worked PO as Engineer and Crossing Guard or Worked in roundhouse and conducted SO.*
- Any service over 12 hours
- Anytime that previous time off duty was less than 8 hours or 10 hours if previous duty was 12 consecutive hours.