



## WITNESSES

Name			
Address			
Res. Phone		Work Phone	

Name			
Address			
Res. Phone		Work Phone	

Name			
Address			
Res. Phone		Work Phone	

This form should be used to document events related to the fields specified below.

**It must not be used to report on-board injuries.**

*Operators are entitled to, and should file for, a **15 minutes straight time** extra pay for completing an **Incident Report**.*

### Manager/Group

CP operators enter CP, MA operators enter MA

### Subject Area

**Fare collection :** Disputes over use of transfers, tickets or passes.  
**Passenger relations:** Concerns about passenger safety aboard or at stops, passenger behaviour, on-board policies.  
**Off route/Off schedule:** Whenever going off route due to reasons other than authorized detours, or when running off schedule due to personal (non-operational) reasons.  
**Sharing the road:** Events related to road safety (traffic lights, pavement marking, traffic signs), pedestrians safety, and incidents derived from sharing the road with other vehicles.

### Operator's name/Badge

Please PRINT your last name and initial, and enter your Badge number.

### Location of occurrence

Street (or terminal) and nearest intersection, or bus stop number, if applicable.

### Date of occurrence

Please use the **DAY/MONTH/YEAR** format, i.e.: 26-09-95

### Day of the Week

Indicate the day of the week (i.e.: *Monday*,...)

### Time

Use the 12 hours format, indicating whether AM or PM, i.e.: 315P

### UNIT, ROUTE, RUN

Self explanatory.

### Direction

Circle one, for **N**orth, **S**outh, **E**ast, **SO**uth or **L**oopbound.

### STATUS (✓ one)

**In Service :** Including charter operations.  
**Out of service :** On route to start service, disabled vehicle, or unit on 10-19  
**Deadhead/Closed:** Units deadheading to recover time, or running closed doors.  
**Change off/Relief:** Unit being used for vehicle change off or operator relief.

### Reported over the radio?

Circle one (Yes, No)

### Name of Supervisor

Indicate whether you notified Control or a Supervisor on the road, or NONE.

If you need any further clarification as to the use of this form, please contact an Operations Supervisor, or your Manager.

# Operator Overtime Payment Request



*Transportation and Works Department  
Transit Division  
City of Mississauga*

Last Name	First	Employee/Badge No.
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Date of Work			Overtime Report Time	Punch Out Time	Total Overtime Hours Worked
YY	MM	DD	AM ____ PM ____	am ____ P.M. ____	
			am ____ pm ____	Am ____ PM ____	
			Route ____	Run ____	

**Reason for Overtime:**

<input type="checkbox"/> Off Day Work	<input type="checkbox"/> AM Part Crew	<input type="checkbox"/> Extension of Crew
<input type="checkbox"/> Incident Report	<input type="checkbox"/> PM Part Crew	<input type="checkbox"/> By Passes
<input type="checkbox"/> Accident Report	<input type="checkbox"/> Other (specify) _____	
<input type="checkbox"/> Late Return (Traffic/Change Off Weather/Break Down) _____		

Employee	Report Clerk	Manager	Date of Approval
			YY      MM      DD