

LOCOMOTIVE INSPECTION AND REPAIR RECORD

Public reporting burden for this collection of information is estimated to average 15 minutes 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. All responses to this collection of information are mandatory. A federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless that collection of information displays a currently valid OMB Number. The OMB Control Number for this information collection is 2130-0004. Anyone with comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, may send them to: Information Clearance Officer, Federal Railroad Administration, 1200 New Jersey Ave, S.E., MS-25, Washington, D.C. 20590.

Reporting year 20__ Check if new loco. If loco. renumbered give previous no. _____

OMB No. 2130-0004

1. OPERATED BY			RR CODE		2. OWNED BY (Railroad)			RR CODE	
3. MODEL NO.	4. LOCO. NO.	5. YR. BUILT	6. PROPELLED BY	7. HORSEPOWER	8. TYPE OF SERVICE: ROAD <input type="checkbox"/> YARD <input type="checkbox"/> PASSENGER <input type="checkbox"/> OTHER <input type="checkbox"/>				
9. STEAM GEN.	GEN. #1 Working Pressure			GEN. #2 Working Pressure					
10. MAXIMUM PISTON TRAVEL Inches			TYPE OF AIR BRAKE		11. OUT OF USE CREDIT				
12. LAST PERIODIC INSPECTION DATE					PLACE				
PERIODIC INSPECTIONS									
13. DATE MO DAY YR	14. PLACE	15. ITEMS *	16. PERSON CONDUCTING	15. ITEMS *	16. PERSON CONDUCTING	17. CERTIFIED BY			
* 15. ITEM CODE: <input type="checkbox"/> BRAKES <input type="checkbox"/> RUNNING GEAR <input type="checkbox"/> CAB EQUIP. <input type="checkbox"/> MECH. EQUIP. <input type="checkbox"/> ELECT. EQUIP. <input type="checkbox"/> STEAM GEN. <input type="checkbox"/> SAFETY APPL.									
TESTS		18. H&H TEST PRESSURE		19. WAIVER PART - 229			20. WAIVER - OTHER		
TYPE	INTERVAL NOT MORE THAN	21. PERSON CONDUCTING	22. TEST DATE AND PLACE	23. CERTIFIED BY		24. PREVIOUS TEST DATE AND PLACE			
METER	368 calendar days								
HAMMER AND HYDRO	736 calendar days								
AIRBRAKE 229.27	368 calendar days								
AIRBRAKE 229.29	NUMBER OF CALENDAR DAYS _____								

In accordance with the Locomotive Inspection Act, 36 State, 913, as amended and the regulations issued pursuant to that Act, the parts and appurtenances of the locomotive unit have been inspected and all defects disclosed by the inspection have been properly repaired.

Certification of true copy.
I certify that this is a true copy of the inspection and repair record of locomotive no. _____
ATTENTION: A false entry on this form is punishable by fine or imprisonment (U.S. Code. Title 18. Sec. 1001).