

FRA Form 19

Report of
ALTERATION
or
Welded or Riveted REPAIR

Locomotive Initials _____ Locomotive No. _____; Boiler No. _____;

Owned by: _____

Operated by: _____

Date work completed _____

Description of work: _____

Stress Calculations:

Remarks: _____

Attach drawings used in the repair or alteration or make drawings on back of this form.

Work done by: _____; Certified by: _____

Public reporting burden for this information collection is estimated to average 60 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. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 2130-0505. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1200 New Jersey Ave., S.E., Washington D.C. 20590.