

Public reporting burden for this information collection is estimated to average 10 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.

Daily Locomotive Inspection Report

Date of Inspection _____ Owner _____ Locomotive Initials _____
 Operator _____ Locomotive No. _____

Instructions: Non-complying conditions shall be repaired and this report approved before locomotive is returned to service. This report shall be filed even if no non-complying conditions are reported, however it does not have to be approved before the locomotive is returned to service if no non-complying conditions are reported. Locomotive, including its tender and appurtenances, shall be inspected each day it is offered for use.

Repairs needed:	Repairs done by:

CONDITION OF WATER GLASSES: _____

CONDITION OF AIR COMPRESSOR: _____

CONDITION OF GAUGE COCKS: _____

MAIN RESERVOIR PRESS: HP _____ psi, LP _____ psi

CONDITION OF INJECTORS / PUMPS: _____

BRAKE PIPE PRESSURE: _____ psi

BOILER SAFETY VALVE LIFTS AT: _____ psi

SEATS AT: _____ psi

LOCOMOTIVE BRAKE PIPE LEAKAGE: _____ lbs. per minute

CONDITION OF BRAKES: _____

CONDITON OF PISTION ROD AND VALVE STEM PACKING: _____

CONDITON OF SANDERS: _____

Where condition is called for enter:

Good – No defects which could be discovered by a reasonable inspection.

Fair – Functioning less than optimally but is in safe and suitable condition, and not in violation of the rules.

Poor – Not in compliance.

N/A – Not applicable.

Inspector's signature: _____ Occupation: _____

The above work has been performed, expect as noted, and the report is approved by: _____

_____ Occupation

_____ Date Approved

Note: Additional items may be added to this form if desired.