



U.S. Department of Transportation  
Federal Railroad Administration

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# Locomotive Inspection and Repair Record

OMB No.2130-0004

|                                                                                                                                     |  |                            |             |                                                               |                          |                              |               |                           |                                            |                                  |  |
|-------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------|-------------|---------------------------------------------------------------|--------------------------|------------------------------|---------------|---------------------------|--------------------------------------------|----------------------------------|--|
| Year:                                                                                                                               |  | 1. Operated by:            |             | RR Code:                                                      |                          | 2. Owned by:                 |               | RR Code:                  |                                            |                                  |  |
| 3. Model No.                                                                                                                        |  |                            | 4. Loco No. |                                                               | If renumbered, Prev. No. |                              | 5. Year Built |                           | Check if new loco.                         |                                  |  |
| 6. Propelled by:                                                                                                                    |  | 7. Horsepower              |             | 8. Type of Service:<br>Road      Passenger<br>Yard      Other |                          | 9. Steam Gen. a. No.:        |               | b. Working Pressure _____ |                                            | 10. Max. Piston Travel _____ in. |  |
| Type of Air Brake:                                                                                                                  |  | Air Dryer<br>Yes      No   |             | 11. Out of use Credit:                                        |                          | 12. Last Periodic Inspection |               | a. Date                   |                                            | b. Place                         |  |
| AFM CAL.<br>229.29(b)                                                                                                               |  | 92 day max.<br>interval    |             | Previous date:                                                |                          | Date & Cert:                 |               | Date & cert:              |                                            | Date & cert:                     |  |
| PERIODIC INSPECTIONS                                                                                                                |  |                            |             | Check one:                                                    |                          | ____ 92 days per 229.23(a)   |               |                           | ____ 184 days per 229.23(b)(1) <u>only</u> |                                  |  |
| 13. Date: Mo/Day/Yr                                                                                                                 |  | 14. Place                  |             | 15. Items*                                                    |                          | 16. Person Conducting        |               | 15 . Items*               |                                            | 16. Person Conducting            |  |
|                                                                                                                                     |  |                            |             |                                                               |                          |                              |               |                           |                                            |                                  |  |
|                                                                                                                                     |  |                            |             |                                                               |                          |                              |               |                           |                                            |                                  |  |
|                                                                                                                                     |  |                            |             |                                                               |                          |                              |               |                           |                                            |                                  |  |
|                                                                                                                                     |  |                            |             |                                                               |                          |                              |               |                           |                                            |                                  |  |
|                                                                                                                                     |  |                            |             |                                                               |                          |                              |               |                           |                                            |                                  |  |
|                                                                                                                                     |  |                            |             |                                                               |                          |                              |               |                           |                                            |                                  |  |
|                                                                                                                                     |  |                            |             |                                                               |                          |                              |               |                           |                                            |                                  |  |
|                                                                                                                                     |  |                            |             |                                                               |                          |                              |               |                           |                                            |                                  |  |
| * 15. Item Code: 1. Brakes 2. Running Gear 3. Cab Equip 4. Mech Equip 5. Elect Equip 6. Steam Gen 7. Safety Appl 8. Hand/Park Brake |  |                            |             |                                                               |                          |                              |               |                           |                                            |                                  |  |
| TESTS                                                                                                                               |  | 18. H&H Test Pressure      |             |                                                               |                          | 19. Waiver Part 229          |               |                           |                                            | 20. Waiver - Other               |  |
| Type                                                                                                                                |  | Interval<br>Not more than: |             | 21. Person Conducting                                         |                          | 22. Test Date & Place        |               | 23. Certified by          |                                            | 24. Previous Test Date & Place   |  |
| Event Recorder<br>229.25(d) or 229.27(c)                                                                                            |  | No. of days :              |             |                                                               |                          |                              |               |                           |                                            |                                  |  |
| Annual Tests 229.27                                                                                                                 |  | 368 days                   |             |                                                               |                          |                              |               |                           |                                            |                                  |  |
| Hand /Park Brake 232.105(c)                                                                                                         |  | 368 days                   |             |                                                               |                          |                              |               |                           |                                            |                                  |  |
| Air Brakes: Level 1 229.29(c)(1)                                                                                                    |  | 368 days                   |             |                                                               |                          |                              |               |                           |                                            |                                  |  |
| Level 2 229.29(c)(2)                                                                                                                |  | No.of days :               |             |                                                               |                          |                              |               |                           |                                            |                                  |  |
| Level 3 229.29(c)(3)                                                                                                                |  | No.of days:                |             |                                                               |                          |                              |               |                           |                                            |                                  |  |
| Hammer and Hydro 229.31                                                                                                             |  | 736 days                   |             |                                                               |                          |                              |               |                           |                                            |                                  |  |

In accordance with the Locomotive Inspection Act, 49 USC Chapter 207 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 (18 USC Sec1001)

Officer-in-charge \_\_\_\_\_ Date \_\_\_\_\_

**INSTRUCTIONS:** This Locomotive Inspection and Repair Record (Record or F6180-49A) covers a calendar year, except as noted. The Record for the preceding calendar year shall be retained in the locomotive until the first periodic inspection of the new year or, until the Record is replaced on April 2 or July 3 (if 184 day eligible) as required by 49 CFR 229.23(f) or, until the locomotive changes ownership (see 2 below.) Enter the requested information in each block. Special instructions are given below.

1. **OPERATED BY:** Enter the name and code of the primary railroad operating the locomotive at the time this Record is placed in it. Operator changes, including dates, shall be noted in "Remarks." The "RR Code" is as assigned by FRA to the railroad.
2. **OWNER:** Enter the name and RR Code of the owner. Changes in ownership shall be submitted as final reports.
3. **LOCOMOTIVE NO.:** Enter digits only. Include letters if they differ from the "RR Code." If renumbered, enter the previous number.
4. **YEAR BUILT:** Enter the year the locomotive was built and check if new. If re-manufactured per 49 CFR 229.5, enter "RM" and the year.
5. **PROPELLED BY:** Enter (NG) Natural Gas, (H2I) Hydrogen - ICE, (H2E) Hydrogen ELECTRIC, (BE) Battery Electric, Diesel-Electric (D-E), Electric (E), Electric Multiple Unit (MU), Diesel Multiple Unit (DMU), MU Control Cab (MUC), Non-MU Control Cab (NMUC), Turbine (T), Torque Converter (TC), or Other (O).
6. **MAXIMUM PISTON TRAVEL:** Enter only "nominal" travel. Do not include the manufacturer's tolerance.
7. **OUT-OF-USE CREDIT:** Enter the number of creditable calendar days the locomotive was out-of use since the last periodic inspection on the previous F6180-49A. Less than 30 consecutive calendar days for any out-of-use period may not be counted per 49 CFR 229.33. For current periods out-of-use, an entry "Out-of-use from \_\_\_\_\_ to \_\_\_\_\_" shall be made on a Periodic Inspection line and certified when a locomotive which would otherwise be due for inspection is out-of-use. If the locomotive is out of use at the end of the annual reporting period, complete the "To" entry with the last day of the period. An entry shall then be made on the new Record showing the first day of the new reporting period as the "From" date.
8. **LAST PERIODIC INSPECTION:** When a new Record is placed in the locomotive transfer the last periodic inspection information into block 12 a & b and the last test information into column 24 of the new Record. Tests that are not applicable should be noted "NA".
9. **AFM CAL:** Enter the date of the last Air Flow Method Indicator (AFM) calibration from the previous year. Enter and certify subsequent calibrations as they are done.
10. **PERIODIC INSPECTIONS:** Check 184 days *only* if the locomotive qualifies per 49 CFR 229.23(b)(1) and the railroad chooses to abide by the requirement for 33 day QMI Daily inspections, otherwise check 92 days. Persons making the required inspections shall sign and list the item codes inspected. The employee's supervisor shall certify that the inspections were completed.
11. **H&H:** Enter the test pressure for the hydrostatic air reservoir test. If the reservoirs are drilled, enter "NA" here and "Drilled" in the Hammer and Hydro line below.
12. **WAIVERS:** Any waiver applicable to this locomotive shall be entered by waiver number in block 19 if a waiver from Part 229, or block 20, if a waiver from any other regulation. Enter explanatory information regarding the scope and content of each waiver under "Remarks".
13. **TESTS:** The maximum number of days for Event Recorder, Level 2 and Level 3 air brake tests shall be entered per the referenced sections of 49 CFR 229. Where the railroad has chosen to fragment air brake clean, repair and test requirements as permitted under 49 CFR 229.29, a separate air record shall be maintained in the cab of the locomotive and the word "Fragmented" shall be entered in the Level 2 and Level 3 lines.

**REPAIRS:** Special notes relating to repairs performed to restore compliance.

**NOISE:** Enter any noise tests or related information in accordance with 49 CFR 210.31.

**REMARKS:** Additional explanatory or clarifying information.

Public reporting burden for this collection of information is estimated to average 13.5 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 current OMB Number. The OMB control number for this information 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. SE, MS-25, Washington, DC 20590