

LOCOMOTIVE INSPECTION AND REPAIR RECORD

U.S. Department of Transportation
Federal Railroad Administration

OMB No. 2130-000

Reporting year: 2017 Check if new loco If loco renumbered give previous no.

1. OPERATED BY: CSX Transportation, Inc. RR CODE: C S X T 2. OWNED BY (Railroad): CSX Transportation, Inc. RR CODE: C S X T

3. MODEL NO: CH44AC 4. LOCO NO.: 0230 5. YR. BUILT: 1996 6. PROPELLED BY: D-E 7. HORSEPOWER: 4400 8. TYPE OF SERVICE: PASSENGER ROAD YARD OTHER

9. STEAM GEN: GEN #1 N/A Working Pressure _____ GEN #2 N/A Working Pressure _____

10. MAXIMUM PISTON TRAVEL: 08 inches TYPE OF AIR BRAKE: CCBI 11. OUT OF USE CREDIT: _____

12. LAST PERIODIC INSPECTION DATE: 92 Day 184-Day PLACE: 6/29/16 Waycross, GA

PERIODIC INSPECTIONS						
13. DATE MO DAY YR	14. PLACE	15. ITEMS *	16. PERSON CONDUCTING	15. ITEMS *	16. PERSON CONDUCTING	17. CERTIFIED BY
<u>1/9/17</u>	<u>Russell, KY</u>	<u>1234.7</u>		<u>05</u>		

* 15. ITEM CODE: BRAKES RUNNING GEAR CAB EQUIP. MECH. EQUIP. ELECT. EQUIP. STEAM GEN. SAFETY APPL.

TESTS: 18. H&H TEST PRESSURE: Drilled 19. WAIVER PART - 229: 2005-21613 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		<u>N/A</u>		<u>MP+E 98-54</u>
HAMMER AND HYDRO	736 calendar days		<u>N/A</u>		<u>N/A</u>
AIRBRAKE 229 27 (a) (1)	368 calendar days Filters Only				<u>6/29/16 Waycross, GA</u>
AIRBRAKE 229 29	NUMBER OF CALENDAR DAYS <u>3/27</u>		<u>00/00/00 Fragmented</u>		

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. CSXT 230
ATTENTION: A false entry on this form is punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001).

FORM FRA F6180-49A (3-85) (Officer-in-charge) _____ DATE _____
CSX Revision Date 11/30/2012 GOVERNMENT PROPERTY DO NOT REMOVE CSX Stock Control # 480 900000x

INSTRUCTIONS

1. **OPERATED BY:** Enter the name and code* of the railroad primarily responsible for operating the locomotive at the time the report is placed in the locomotive. Operator changes, including dates, shall be noted in "Remarks".
2. **OWNER:** Enter the name and code* of the owner. Changes in ownership shall be submitted in final reports.
3. **MODEL NO.:** Enter the original builder's model number.
4. **LOCOMOTIVE NO.:** Enter only the locomotive number. Include letters only if they are part of the locomotive markings. If the locomotive is changed, include the information at the top of the form.
5. **YEAR BUILT:** Enter the year the locomotive was built or rebuilt.
6. **PROPELLED BY:** Enter Diesel-Electric (D-E), Electric (E), MU, MU Control Cab (MUC), Non-MU Control Cab (NMUC), Turbo (T), Torque Converter (TC), Other (O).
7. **HORSEPOWER:** Enter horsepower rating.
8. **TYPE OF SERVICE:** Enter type of service the locomotive is assigned to when the report is placed in the locomotive.
9. Enter steam generator number(s) and safe working pressure(s). (N/A for all CSXT locomotives)
10. Enter maximum piston travel. Enter only "Nominal" travel and do not include Manufacturers Tolerance. Also include type of AIR BRAKE.
11. Enter number of creditable calendar days the locomotive was out-of-use. Less than 30 consecutive calendar days for any out-of-use period may not be counted. For any entry, "out-of-use from" to "shall be made on an inspection line and certified when locomotive is not in use when an inspection would otherwise be due. If locomotive is out-of-use at the end of the reporting period, complete the "to" entry with the last day of the period. The entry on the replacement report should then record the "From" as the beginning of the new period.
12. **LAST PERIODIC INSPECTION AND TESTS:** This report covers annual periods (January 1 to December 31). The report of the preceding annual period shall be retained in the locomotive until the first periodic inspection is made after January 1 of each year or until the form is replaced as required by Section 229.23(e). When a new form 6180.49A is placed in the locomotive, enter the last periodic inspection information onto the new form in item 12 and the test information in item 24. Tests that are not applicable should be noted "NA". If this locomotive is on a 184-day periodic inspection interval, check the 184-day box, otherwise, check the 92-day box.
 - INSPECTIONS AND TESTS:** Persons making the required tests and periodic inspections shall sign for the items tested and inspected. The employee's supervisor shall certify that the tests and inspections were completed.
 - TESTS:** Where the carrier has chosen to fragment air brake cleaning, repairing and testing required by Sections 229.27 & 29, an air record shall be maintained in the cab of the locomotive. (For all CSXT locomotives, this is a copy of the OMBI screen)
18. **H&H:** Enter test pressure from the hydrostatic test. If reservoirs are drilled, enter word "Drilled".
- CODE*:** Carriers shall enter only the code assigned by FRA to the railroad.
19. Any waivers of any type from the requirement of 49CFR Part 229 shall be identified in block # 19 by its waiver number or by the section number affected. Explanatory information regarding the scope and content of the waiver shall be included under "Remarks".
20. Any waivers from any FRA requirement other than a requirement of 49CFR Part 229 shall be identified in block No. 20 by its waiver number or by the part and section number affected. Explanatory information regarding the scope and content of the waiver shall be included under "Remarks".
21. Under Tests (AIR BRAKE 229.29) fill in the number of calendar days subject air brake equipment is subjected to cleaning, repairing and testing.
 - REPAIRS:** Defects not properly repaired.

Handbrake Inspection											
Location: <u>Blue Way Cross, GA</u>					Inspection Date-MMDDYY <u>6/29/16</u>						
Location					Inspection Date-MMDDYY						
NOISE: Enter any noise test or related information in accordance with 49CFR Section 210.31											
REMARKS: The carriers should enter under "REMARKS" any other clarifying or explanatory information											
Air Flow Meter Test/Calibrations: Show Date, at Location, by Signature below for each Test/Calibration.											
(1) <u>1/1/16</u> at <u>RUS</u> by <u>[Signature]</u> (2) <u>1/1/16</u> at <u>_____</u> by <u>_____</u> (3) <u>1/1/16</u> at <u>_____</u> by <u>_____</u>											
(4) <u>1/1/16</u> at <u>_____</u> by <u>_____</u> (5) <u>1/1/16</u> at <u>_____</u> by <u>_____</u> (6) <u>1/1/16</u> at <u>_____</u> by <u>_____</u>											
WAIVERS ("X" All Applicable)				261 - NO AIR DRYER		261 - WITH AIR DRYER			OTHER		
CCB1, CCB2, CCB26				EPIC/		FASTBRK		261, 26BP, 26CN		261, 26BP, 26CN	
229.29 Number of Calendar Days				<u>Waiver</u>		<u>Waiver</u>		<u>1103</u>		<u>1471</u>	
CCB1, CCB2, CCB26				229.29		229.29		229.29		229.29	
EPIC				229.29		229.29		229.29		229.29	
FASTBRK				229.29		229.29		229.29		229.29	
RCL AIR BRAKE				229.29		229.29		229.29		229.29	
PILOT HEIGHT				229.123		229.123		229.123		229.123	
OTHER				---		---		---		---	
EVENT RECORDER - 229.25(E)				MAKE <u>WABTEC</u>				MODEL <u>JFD-RM-04</u>			
("X" if NOT equipped)				MAKE				MODEL			
OUT-OF-USE CREDIT - 229.33 (EACH ENTRY MUST BE A MINIMUM OF 30 CONSECUTIVE DAYS)				FROM DATE		TO DATE		LOCATION		TOTAL DAYS	

LOCOMOTIVE AIR BRAKE INSPECTION REPORT FOR 2001

UNIT NO. CSX70270

ITEM	DESCRIPTION	PER	CONDUCTING	DATE	PLACE	CERTIFIED	BY
A1143	#8 VENT VALVE						
A1144	#8 VENT - REAR						
A1161	RELAY VALVE-J1						
A1201	SAFETY VLV 150#						
A1427	DEAD ENG CK VLV						
A1485	DEAD END REG						
A1501	CK VL-MN RES EQ						
A1521	CHK VAL-MAN RES						
A1700	DIT VALVE (DB10)						
A1710	AW4-ER						
A1715	AW4-16						
A1720	13 CO						
A1735	BP RELAY						
A1740	BPCO						
A1750	DCV						
A1755	ELV						
A1780	MVEM						
A1781	MVER						
A1782	MV13E						
A1783	MV13S						
A1784	MV16T						
A1785	MV53						
A1792	PVE						
A1793	PVEM						
A1794	20CP (20 BLOCK)						

A1795 BK UP ACT. VLV

A1796 BK UP EBL CHK

A1797 21 BLOCK

-EOT-0063LINES- ABA#000021 C10065 -DATE 07/01/01-TIME 09:00:01

**LOCOMOTIVE WORK REPORT
(5001B)**

CSX FORM 5001-RM
REV. 4-99
S/C # 48059437351



INSTRUCTIONS — EACH LOCOMOTIVE UNIT shall be inspected in accordance with RULE 229 of the LAWS, RULES and INSTRUCTIONS for inspection and testing of locomotives other than steam. Lines 1 to 4 must always be filled out.

LOCOMOTIVE	
INITIAL	NUMBER
CSX	230
CSX	787
CSX	780

LOCOMOTIVE WORK REPORT (5001B) RETAINED ON LOCOMOTIVE UNTIL:

- LOCOMOTIVE ENTERS A MECHANICAL FACILITY
- LOCOMOTIVE REACHES AN OUTLYING FACILITY WITH DEFECTS (THIS FORM MUST THEN BE DATA-FAXED TO A DESIGNATED MECHANICAL FACILITY)

1. TRAIN NUMBER Q60607 DISPATCHED FROM Gentilly LA DATE 03-07-17
 2. BRAKE PIPE PRESSURE 90 PSI LBS. MAIN RESERVOIR PRESSURE 130 PSI LBS.
 3. CONDITION OF RADIO (GOOD) - REPORTED - NOT EQUIPPED LOCO. NUMBER CSX 230 SERIAL NUMBER _____
 4. CONDITION OF SPEED INDICATOR — UNIT NUMBER CSX 230 ACCURATE OR _____ M.P.H. SLOW-FAST AT _____ M.P.H. REPORT _____

ITEM	LOCO. NO.	REPAIRS NEEDED	REPORTED BY	REPAIRED BY
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

SIGNATURE OF EMPLOYEE

SIGNATURE OF EMPLOYEE

A. _____ D. _____
 B. _____ E. _____
 C. _____ F. _____

* DEFECTS MUST BE REPORTED TO MECHANICAL DEPT. *



**CALENDAR DAY INSPECTION — MUST BE COMPLETED FOR EACH
(5001A) LOCOMOTIVE**

INIT. NO.

LOCO. CSX 230 LOCATION New Orleans DATE 3-7-17 TIME 0122

ITEM	DEFECTS NOTED	REPAIRED BY	TYPE OF REPAIR
1			
2			
3			
4			
5			
6			

CALENDAR DAY INSPECTION MADE BY: _____

ORIGINAL — KEPT ON FILE AT OFF DUTY LOCATION PART 2 (COPY) — LEAVE ON LOCOMOTIVE



LOCOMOTIVE WORK REPORT (5001B)

CSX FORM 5001-RM
REV. 4-99
S/C # 48059437351

INSTRUCTIONS — EACH LOCOMOTIVE UNIT shall be inspected in accordance with RULE 229 of the LAWS, RULES and INSTRUCTIONS for inspection and testing of locomotives other than steam. Lines 1 to 4 must always be filled out.

LOCOMOTIVE
INITIAL NUMBER

LOCOMOTIVE WORK REPORT (5001B) RETAINED ON LOCOMOTIVE UNTIL:

- LOCOMOTIVE ENTERS A MECHANICAL FACILITY
- LOCOMOTIVE REACHES AN OUTLYING FACILITY WITH DEFECTS (THIS FORM MUST THEN BE DATA-FAXED TO A DESIGNATED MECHANICAL FACILITY)

1. TRAIN NUMBER _____ DISPATCHED FROM _____ DATE _____
2. BRAKE PIPE PRESSURE _____ LBS. MAIN RESERVOIR PRESSURE _____ LBS
3. CONDITION OF RADIO - GOOD - REPORTED - NOT EQUIPPED LOCO. NUMBER _____ SERIAL NUMBER _____
4. CONDITION OF SPEED INDICATOR — UNIT NUMBER _____ ACCURATE OR _____ M.P.H. SLOW-FAST AT _____ M.P.H. REPORTED

ITEM	LOCO. NO.	REPAIRS NEEDED	REPORTED BY	REPAIRED BY
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

SIGNATURE OF EMPLOYEE _____ SIGNATURE OF EMPLOYEE _____

- A. _____ D. _____
 B. _____ E. _____
 C. _____ F. _____

* DEFECTS MUST BE REPORTED TO MECHANICAL DEPT. *



CALENDAR DAY INSPECTION — MUST BE COMPLETED FOR EACH LOCOMOTIVE (5001A)

INIT. NO.

LOCO. CSTI 230 LOCATION Peasacde Fl. DATE 3-8-17 TIME 10:55

ITEM	DEFECTS NOTED	REPAIRED BY	TYPE OF REPAIR
1			
2			
3			
4			
5			
6			

CALENDAR DAY INSPECTION MADE BY: _____

ORIGINAL — KEPT ON FILE AT OFF DUTY LOCATION PART 2 (COPY) — LEAVE ON LOCOMOTIVE



LOCOMOTIVE WORK REPORT (5001B)

CSX FORM 5001-RM
REV. 4-99
S/C # 48059437351

INSTRUCTIONS — EACH LOCOMOTIVE UNIT shall be inspected in accordance with RULE 229 of the LAWS, RULES and INSTRUCTIONS for inspection and testing of locomotives other than steam. Lines 1 to 4 must always be filled out.

LOCOMOTIVE
INITIAL NUMBER

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

LOCOMOTIVE WORK REPORT (5001B) RETAINED ON LOCOMOTIVE UNTIL:

- LOCOMOTIVE ENTERS A MECHANICAL FACILITY
- LOCOMOTIVE REACHES AN OUTLYING FACILITY WITH DEFECTS (THIS FORM MUST THEN BE DATA-FAXED TO A DESIGNATED MECHANICAL FACILITY)

1. TRAIN NUMBER _____ DISPATCHED FROM _____ DATE _____
2. BRAKE PIPE PRESSURE _____ LBS. MAIN RESERVOIR PRESSURE _____ LB.
3. CONDITION OF RADIO - GOOD - REPORTED - NOT EQUIPPED LOCO. NUMBER _____ SERIAL NUMBER _____
4. CONDITION OF SPEED INDICATOR — UNIT NUMBER _____ ACCURATE OR _____ M.P.H. SLOW-FAST AT _____ M.P.H. REPORTED _____

ITEM	LOCO. NO.	REPAIRS NEEDED	REPORTED BY	REPAIRED BY
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

SIGNATURE OF EMPLOYEE

SIGNATURE OF EMPLOYEE

- A. _____ D. _____
- B. _____ E. _____
- C. _____ F. _____

* DEFECTS MUST BE REPORTED TO MECHANICAL DEPT. *



CALENDAR DAY INSPECTION — MUST BE COMPLETED FOR EACH LOCOMOTIVE (5001A)

INIT. NO.

LOCO. CSXT 030 LOCATION Mobile PD DATE 3/8/17 TIME 0505

ITEM	DEFECTS NOTED	REPAIRED BY	TYPE OF REPAIR
1			
2			
3			
4			
5			
6			

CALENDAR DAY INSPECTION MADE BY: _____

ORIGINAL — KEPT ON FILE AT OFF DUTY LOCATION PART 2 (COPY) — LEAVE ON LOCOMOTIVE

LOCOMOTIVE WORK REPORT (5001B)



CSX FORM 5001-FM
REV. 4-99
S/C # 48059437351

INSTRUCTIONS — EACH LOCOMOTIVE UNIT shall be inspected in accordance with RULE 229 of the LAWS, RULES and INSTRUCTIONS for inspection and testing of locomotives other than steam. Lines 1 to 4 must always be filled out.

LOCOMOTIVE
INITIAL NUMBER

LOCOMOTIVE WORK REPORT (5001B) RETAINED ON LOCOMOTIVE UNTIL:

- LOCOMOTIVE ENTERS A MECHANICAL FACILITY
- LOCOMOTIVE REACHES AN OUTLYING FACILITY WITH DEFECTS (THIS FORM MUST THEN BE DATA-FAXED TO A DESIGNATED MECHANICAL FACILITY)

1. TRAIN NUMBER _____ DISPATCHED FROM _____ DATE _____
2. BRAKE PIPE PRESSURE _____ LBS. MAIN RESERVOIR PRESSURE _____ LBS
3. CONDITION OF RADIO - GOOD - REPORTED - NOT EQUIPPED LOCO. NUMBER _____ SERIAL NUMBER _____
4. CONDITION OF SPEED INDICATOR — UNIT NUMBER _____ ACCURATE OR _____ M.P.H. SLOW-FAST AT _____ M.P.H. REPORTED _____

ITEM	LOCO. NO.	REPAIRS NEEDED	REPORTED BY	REPAIRED BY
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

SIGNATURE OF EMPLOYEE _____

SIGNATURE OF EMPLOYEE _____

- A. _____
- B. _____
- C. _____

- D. _____
- E. _____
- F. _____

* DEFECTS MUST BE REPORTED TO MECHANICAL DEPT. *



CALENDAR DAY INSPECTION — MUST BE COMPLETED FOR EACH (5001A) LOCOMOTIVE

INIT. NO.

LOCO. CSXT 030 LOCATION S 683 DATE 03-09-17 TIME 0535

ITEM	DEFECTS NOTED	REPAIRED BY	TYPE OF REPAIR
1	<u>FRONT END DAMAGE</u>		
2	<u>NO LEAD</u>		
3			
4			
5			
6			

CALENDAR DAY INSPECTION MADE BY [REDACTED]

ORIGINAL — KEPT ON FILE AT OFF DUTY LOCATION PART 2 (COPY) — LEAVE ON LOCOMOTIVE