

7870

U.S. Department of Transportation Federal Railroad Administration

LOCOMOTIVE INSPECTION AND REPAIR RECORD

Reporting year 20 17 Check if new loco. [] If loco. renumbered give previous no. [] [] [] [] [] [] [] [] OMB No. 2130-0004

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. C40-8		4. LOCO. NO. 7870		5. YR. BUILT 1993		6. PROPELLED BY D-E		7. HORSEPOWER 4000		8. TYPE OF SERVICE: PASSENGER [] ROAD [x] 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 26L				11. OUT OF USE CREDIT 0							
12. LAST PERIODIC INSPECTION DATE [x] 92-Day [] 184-Day								PLACE 11/14/16 Russell, KY							

PERIODIC INSPECTIONS						
13. DATE MO DAY YR	14. PLACE	15. ITEMS*	16. PERSON CONDUCTING	15. ITEMS*	16. PERSON CONDUCTING	17. CERTIFIED BY
2 12/17	Russell, KY	12347	[REDACTED]	05	[REDACTED]	[REDACTED]

* 15. ITEM CODE: [1] BRAKES [2] RUNNING GEAR [3] CAB EQUIP. [4] MECH. EQUIP. [5] ELECT. EQUIP. [6] STEAM GEN. [7] SAFETY APPL.

TESTS		18. H&H TEST PRESSURE Drilled		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				2-11-16 Waycross GA		
HAMMER AND HYDRO	736 calendar days		N/A		N/A		
AIRBRAKE 229.27 (a) (1)	368 calendar days Filters Only	B. Brown	2-17-17 Russell, KY	[REDACTED]	2/11/16 Waycross, GA		
AIRBRAKE 229.29	NUMBER OF CALENDAR DAYS 1471		00/00/00 Fragmented				

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 7870

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

INSTRUCTIONS

- 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".
- OWNER:** Enter the name and code* of the owner. Changes in ownership shall be submitted in final reports.
- MODEL NO:** Enter the original builder's model number.
- 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.
- YEAR BUILT:** Enter the year the locomotive was built or rebuilt.
- 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).
- HORSEPOWER:** Enter horsepower rating.
- TYPE OF SERVICE:** Enter type of service the locomotive is assigned to when the report is placed in the locomotive.
- Enter steam generator number(s) and safe working pressure(s). (N/A for all CSXT locomotives)
- Enter maximum piston travel. Enter only "Nominal" travel and do not include Manufactures Tolerance. Also Include type of AIR BRAKE.
- 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.
- 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)
- 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.
- 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".
- 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".
- 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>Russell, Ky</u>	Inspection Date-MMDDYY <u>2-17-17</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) 2/15/17 @ RCL by [Signature] (2) / / @ _____ by _____ (3) / / @ _____ by _____

(4) / / @ _____ by _____ (5) / / @ _____ by _____ (6) / / @ _____ by _____

BRAKE TYPE	CCB1,CCB2, CCB26	EPIC/	FASTBRK	26L - NO AIR DRYER			26L - WITH AIR DRYER			OTHER
				26L	26BP	26CN	26L	26BP	26CN	
229.29 Number of Calendar Days	Waiver	Waiver	Waiver	1103			1471			

WAIVERS - ("X" All Applicable)	229.29	Waiver
CCB1, CCB2, CCB26	229.29	Waiver
EPIC	229.29	Waiver
FASTBRK	229.29	Waiver
RCL AIR BRAKE	229.29	Waiver
PILOT HEIGHT	229.123	Waiver
OTHER		

WAIVER DOCKET # FRA - 2005-21613 - EXTENDED AIR BRAKE COT&S.
 WAIVER DOCKET # FRA - 2005-21613 - EXTENDED AIR BRAKE COT&S.
 WAIVER DOCKET # FRA - 2005-21613 - EXTENDED AIR BRAKE COT&S.
 WAIVER DOCKET # FRA - 2008-0015 - REMOTE CONTROL AIR BRAKE EQUIPMENT.
 WAIVER DOCKET # FRA - 2000-7701 - 9-INCH MAX. END PLATE HEIGHT PERMITTED YARD SERVICE ONLY.

EVENT RECORDER - 229.25(E)

MAKE GE MODEL 17FE133

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 2017

UNIT NO. CSXT7870

ITEM	DESCRIPTION	PER	CONDUCTING	DATE	PLACE	CERTIFIED BY	PREVIOUS T DATE PLAC
A1143	#8 VENT VALVE						111015 HAM
A1163	RELAY V J1.6-16						111015 HAM
A1201	SAFETY VLV 150#						081414 WAY
A1242	AUT BRK 30A-CDW						111015 HAM
A1243	30-CW MODULE						111015 HAM
A1244	EQ RESV CUTOFF						111015 HAM
A1301	RELAYAIR VL 25#						111015 HAM
A1311	RELAIR 25#-NOSE						111015 HAM
A1321	P2A APPLI VALVE						050516 RUS
A1341	A-1 CHARG VALVE						111015 HAM
A1381	QUICK REL 26F						111015 HAM
A1401	CONTROL VLV-26F						111015 HAM
A1422	DOUBLE CHK VLV						111015 HAM
A1423	SINGLE CHECK VL						111015 HAM
A1425	SPRING DBL CHK						111015 HAM
A1426	ONE-WAY CHK VLV						111015 HAM
A1427	DEAD ENG CK VLV						111015 HAM
A1441	DYN BRK MAG VAL						111015 HAM
A1469	ALERTER MAG VAL						111015 HAM
A1485	DEAD END REG						111015 HAM
A1501	CK VL-MN RES EQ						111015 HAM
A1521	CHK VAL-MAN RES						081414 WAY

-EOT-0051LINES- ABA#000008 CICS065 -DATE 17/02/12-TIME 074152 TRAN: OMBI

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 (5001A) LOCOMOTIVE

INIT. NO.

LOCO. CSXT 7870 LOCATION New Orleans DATE 3-7-17 TIME 0100

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



(5001B)

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 LOCOMOTIVE (5001A)

INIT. NO.

LOCO. CSX 7870 LOCATION Chattahoochee R DATE 3/8/17 TIME 1800

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