



Certified Engineer
Dallas, Garland & Northeastern
Railroad, Texas Northeastern Railroad
(In conformity with CFR 240.233 Engineer Certification and CFR 172.700 through 172.704 Hazardous Materials Transportation)

DANIEL RADNEY

Employee Name

Employee Number [REDACTED]

Date of Birth **9-30-16**

DOB [REDACTED]

Sex **MALE**

DESCRIPTION

Height: **6'2"**

Weight: **215**



Hair: **BROWN**

Eyes: **BROWN**

Sex: **MALE**

DGNO, T&N, Annual Operations Performance Check

DSLE	Date	License Type:
[REDACTED]	9-16-16	Train Service <input checked="" type="checkbox"/> Servicing <input type="checkbox"/> Student <input type="checkbox"/> RCO <input type="checkbox"/>
		Restrictions: Corrective Lenses <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Hearing Aid <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Other: (Specify) <input type="checkbox"/> Y <input type="checkbox"/> N

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Issued in conformity with 49 CFR 240.233

-13



90%

Name: Daniel Rodney

Railroad: DGNO

Score:

Date: 9-17-16

Location: Garland Tx.

Name of Exam:

Engineer Recertification Exam



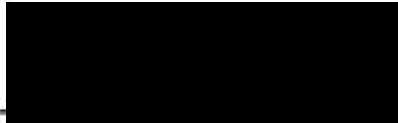
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121	a	b	c	d	e	f
122	a	b	c	d	e	f
123	a	b	c	d	e	f
124	a	b	c	d	e	f
125	a	b	c	d	e	f

DGNO/TNER Railroad Job Aid and Physical Characterization
Exam Answer Sheet

1. [a] [b] [c] [d]
2. [a] [b] [c] [d]
3. [a] [b] [c] [d]
4. [a] [b] [c] [d]
5. [a] [b] [c] [d]
6. [a] [b] [c] [d]
7. [a] [b] [c] [d]
8. [a] [b] [c] [d]
9. [a] [b] [c] [d]
10. [a] [b] [c] [d]

-0

Name: 

Date: 9-17-16

Score: 100

CFR 49 Part 240.113

Prior Safety Conduct

RAILROAD: Dallas, Garland and Northeastern Railroad
Texas Northeastrn Railroad
ADDRESS: 475 Gautney Street
Garland, TX 75040

Locomotive Engineer Certification

(Check if Applicable)

I attest that I **HAVE** **HAVE NOT** been employed as a Locomotive Engineer by a railroad other than DGNO/TNER Railroad since my last recertification date or within the last three years, whichever is most recent.

If the answer is "have been employed by another railroad", give name of other railroad.


Louisiano + Delta Railroad

I attest that I have **NOT** held a license to operate a motor vehicle since my last recertification date or in the past 36 months. (If you had a valid license, or a license that expired or was suspended within this time period, do not check this line.)

I attest that I have **NEVER** obtained a license to operate a motor vehicle.


Full Signature

Daniel Rodney
Printed Name


ID Number

9-17-16
Date

DALLAS GARLAND & NORTHEASTERN Railroad

Locomotive Engineer Certification – Service Record Request

Name: DANIEL RADNEY SSN: 

Dates of Employment- From: 12-9-2009 To: 11-30-2014

Last Engineer Certification Date: 8-7-12

Class of Service: Train Service Locomotive Servicing Student Yard Service Only

A: Did this individual comply with the FRA Regulation parts listed below:

Part 240	Title	Yes	No	N/A	Date
.111	Motor Vehicle Driving Record	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>6-26-12</u>
.113	Prior Railroad Service Record	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>7-31-12</u>
.115	Motor Vehicle Incidents	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
.121	Visual/Hearing Acuity Data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>7-31-12</u>
.123	Initial and Continuing Education	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>7-31-12</u>
.125	Knowledge Exam (Rules Exam)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>7-31-12</u>
.127	Skills Testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>4-10-14</u>
.129	Operational Monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>3-21-14</u>
.129	Rules Compliance (Operation) Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>8-30-12</u>

B: Did this individual violate any of the FRA Regulation Parts listed below?

Part 240	Title	Yes	No	N/A	Date
.117	Operating Rules Compliance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
.119	Fitness Requirements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
.305	Prohibited Conduct	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
.307	Revocation of Certificate	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

I certify the above information is true and accurate to the best of my knowledge:

Name: Dustin Faulk

Signature: 

Title: General Manager (OSLE)

Company: Louisiana & Delta Railroad

EMPLOYEE HEARING & VISION EXAM FORM

(A) PATIENT MUST FULLY COMPLETE THIS SECTION

PRINT FULL NAME: Daniel J. Rodney DATE OF BIRTH: [REDACTED]
 HIRE DATE: 11-30-2014 JOB POSITION: Lebanonville, Tenn / House SEX: MALE FEMALE
 ADDRESS: [REDACTED]
 CITY: [REDACTED]

By signing, you authorize the release of your test results to your employer and to TOMC, Inc. on behalf of your employer.

SIGNATURE: [REDACTED] DATE: 7-29-15

(B) AUTHORIZED EXAMINER CONDUCTING VISION ACUITY TEST MUST COMPLETE THIS SECTION
 (If patient needs hearing-only, skip this section and continue on to (C) on Page 2. PLEASE KEEP PAGES 1 & 2 TOGETHER.)

Clinic Name: Nova Medical Center
 Address: 1111 Deptford Rd Ste 100B
 City, State, Zip: Diana, TX 75074
 Phone: [REDACTED]

Distance Vision (Snellen) UNCORRECTED: LEFT -- 20 / 90 RIGHT -- 20 / 30
 Distance Vision (Snellen) CORRECTED: LEFT -- 20 / RIGHT -- 20 /
 Peripheral Vision: Is field of vision normal? YES NO Vision Range (in degrees): L 90 R 90

COLOR VISION INSTRUCTIONS: Chromatic lenses and yarn tests are not allowed. The table below lists color vision testing requirements & pass/fail criteria for qualification (below). Other test types are not permissible. Mark the test used and record any errors in the appropriate column.

TEST USED:	# of ERRORS:	ACCEPTED TESTS	FAILURE CRITERIA
	List "None" or Plate #'s Missed	<i>PSUEDOISOCROMATIC PLATE TESTS</i>	
<input type="checkbox"/>		American Optical Company 1965	3 or more errors on plates 1-15
<input type="checkbox"/>		AOC - Hardy-Rand-Ritter plates - 2 nd edition	Any error on plates 1-6
<input type="checkbox"/>		Dvorine - Second edition	3 or more errors on plates 1-15
<input checked="" type="checkbox"/>		Ishihara (14 plate)	2 or more errors on plates 1-11
<input type="checkbox"/>		Ishihara (16 plate)	2 or more errors on plates 1-8
<input type="checkbox"/>		Ishihara (24 plate)	3 or more errors on plates 1-15
<input type="checkbox"/>		Ishihara (38 plate)	4 or more errors on plates 1-21
<input type="checkbox"/>		Richmond Plates 1983	5 or more errors on plates 1-15
		<i>MULTIFUNCTION VISION TESTER</i>	
<input type="checkbox"/>		Keystone Orthoscope	Any error
<input type="checkbox"/>		OPTEC 2000	Any error
<input type="checkbox"/>		Timus Vision Tester	Any error
<input type="checkbox"/>		Timus II Vision Tester	Any error

49 CFR PART 240.121 and 49 CFR PART 242.117 MINIMUM PASS CRITERIA:

COLOR: See table above.

DISTANCE: At least 20/40 (Snellen) acuity in each eye without corrective lenses; or, distant visual acuity separately corrected to at least 20/40 (Snellen) with corrective lenses and distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses.

PERIPHERAL: A field of vision of at least 70 degrees in the horizontal meridian in each eye.

Parts 240 & 242 require a physician to make qualification conclusions. Otherwise, examiners/technicians should sign the appropriate line to indicate who performed the exam.

CONCLUSION: Based on these results, this individual:

- Qualifies without restrictions (per 49 CFR Part 240.121 and/or 49 CFR Part 242.117)
- Qualifies with restrictions (Must use corrective lenses) (per 49 CFR Part 240.121 and/or 49 CFR Part 242.117) KEA 3/15/16
- Does not qualify (per 49 CFR Part 240.121 and/or 49 CFR Part 242.117)

PHYSICIAN SIGNATURE: [REDACTED] TITLE: MD VISION EXAM DATE: 7/29/15
 EXAMINER SIGNATURE: [REDACTED] TITLE: _____ VISION EXAM DATE: _____

(C) AUTHORIZED EXAMINER CONDUCTING HEARING ACUITY TEST MUST COMPLETE THIS SECTION

Clinic Name: Nova Medical Centers
 Address: 1111 Airport Blvd Ste 100
 City, State, Zip: Plano, TX 75075
 Phone: [REDACTED]

PRINT PATIENT FULL NAME: Daniel J. Radney DATE OF HEARING EXAM: 7-29-15
 RAILROAD/EMPLOYER NAME: Dyno

PATIENT HEARING HISTORY -- Please read the following and check the appropriate box if 'YES'. Where applicable, check the box to indicate whether the response is for the left ear or the right ear. Leave blank for 'NO' answers. Does the patient have or has the patient ever had:

<input type="checkbox"/> Ear Pain (Presently)	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> Head Cold or Allergies/Hay Fever (Today)
<input type="checkbox"/> Drainage (Presently)	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> Firearms use
<input type="checkbox"/> Ear Fullness/Discomfort	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> Listen to loud music and/or have noisy hobbies
<input type="checkbox"/> Severe Ringing	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> Ear, Head or Neck Surgery
<input type="checkbox"/> Sudden Hearing Loss	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> Unconsciousness/Head Injury
<input type="checkbox"/> Seen a doctor for ear problems	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> Previous Job with Loud Noise or Military Service
<input type="checkbox"/> Noticeable Hearing Loss	<input type="checkbox"/> L	<input type="checkbox"/> R	<input type="checkbox"/> Mumps, Measles or Scarlet Fever

IF ALL ANSWERS ARE NEGATIVE, PLEASE INITIAL HERE: _____

INSTRUCTIONS: Per federal requirements, this document MUST be completed FULLY. Audiometric tests shall be pure tone, air conduction, hearing threshold examinations. Audiometric tests shall be conducted with audiometers (including microprocessor audiometers) that meet the specifications of and are maintained and used in accordance with ANSI S3.6-2004. The test must be conducted in either an audiometric booth or soundproofed room or quiet room meeting the following standard: rooms used for audiometric testing shall not have background sound pressure levels exceeding those listed below when measured by equipment conforming at least to the Type 2 requirements of ANSI S1.4-1983 and to the Class 2 requirements of ANSI S1.11-2004:

Maximum Allowable Octave-Band Sound Pressure Levels for Audiometric Test Rooms

Octave-band center frequency (Hz)	500	1000	2000	4000	8000
Sound pressure levels -- supra-aural earphones	40	40	47	57	62
Sound pressure levels -- insert earphones	50	47	49	50	56

Please record your levels in the spaces below.

Octave-band center frequency (Hz)	500	1000	2000	4000	8000
Levels	13.3	13.7	11.3	21.0	14.4

Acoustic calibration is required at least once annually; exhaustive calibration is required at least once every two years (annually if used on mobile test vans.) Functional operation must be checked before each day's use by testing a person with known, stable hearing thresholds or by appropriate calibration device (ie - OSCAR.) Deviations of 10 dB or greater requires an acoustic calibration.

Audiometer Make & Model: Interac RA 300T Serial Number: [REDACTED] Daily Functional Check Performed? YES NO
 Date of Last Acoustic Calibration: 10.6.14 Date of Last Exhaustive Calibration: 10.6.14

LEFT							RIGHT						
500	1000	2000	3000	4000	6000	8000	500	1000	2000	3000	4000	6000	8000
15	5	5	50	50	25	0	15	5	0	5	0	10	5

Otoscopic Exam: LEFT: normal RIGHT: normal Did the employee wear Hearing Aids? YES LEFT ___ YES RIGHT ___ NO
 Did the employee avoid high noise and occupational noise for 14 hours prior to the test? YES NO ___
 If no, did the employee wear hearing protection during any exposure to high noise or occupational noise? YES NO ___
 Was this a baseline or periodic hearing test? BASILINE ___ PERIODIC

49 CFR PART 240.121 and 49 CFR PART 242.117 MINIMUM PASS CRITERIA:
 The person does not have an average hearing loss in the better ear greater than 40 decibels at 500Hz, 1,000 Hz, and 2,000 Hz with or without use of a hearing aid.

Parts 240 & 242 require a physician to make qualification conclusions. Otherwise, examiners/technicians should sign the appropriate line to indicate who performed the exam.

CONCLUSION: Based on these results, this individual:
 Qualifies without restrictions (per 49 CFR Part 240.121 and/or 49 CFR Part 242.117)
 Qualifies with restrictions (Must use hearing aids) (per 49 CFR Part 240.121 and/or 49 CFR Part 242.117)
 Does not qualify (per 49 CFR Part 240.121 and/or 49 CFR Part 242.117)

PHYSICIAN SIGNATURE: [REDACTED] TITLE: M.D.
 EXAMINER SIGNATURE: [REDACTED] TITLE: _____

Report Of Inquiry Searched - National Driver Register

Search Date: 2016-09-28

Inquiry By: Dallas Garland and Northeastern Railroad
Agency Code: RR
Routing Symbol: DGNO

Dallas Garland and Northeastern Railroad
Dallas Garland and Northeastern Railroad
[REDACTED]

In accordance with 49 CFR Part 240 (Qualifications For Locomotive Engineers, Final Rule), 23 CFR Part 1327 (Procedures For Participating In And Receiving Information From The National Driver Register Problem Driver Pointer System, Final Rule), and the Federal Privacy Act of 1974, we have searched the NDR database and found no records pertaining to the following individual.

Name:(First)(Middle)(Last): DANIEL THOMAS RADNEY
Driver License Number: [REDACTED] License State: N/A SSN: [REDACTED]
DOB: [REDACTED] Sex: M Height: 6'03" Weight: 240 Eyes: BRO



Intelligence to move forward

Daniel Thomas Radney

Complete Report

Social Security Number: [REDACTED]

Prepared By:
HireRight, LLC.
3349 Michelson Dr. Suite 150

Ph: [REDACTED]

Request #: HE-092016-UW5Y8

Turnaround time: 3 seconds

Package: Custom

Date Request Submitted: 09/20/2016 02:17:36 PM PDT
Request Completion Date: 09/20/2016 02:17:39 PM PDT

Requested By:
John Black
Dallas Garland & North Eastern

[REDACTED]

Product	Verification	Result	Adjudication Result
MVR Express	****1582, TX, USA	MVR Record Clear	

MVR Express

Date MVR Request Submitted: 09/20/2016 02:17:36 PM PDT
MVR Request Completion Date: 09/20/2016 02:17:39 PM PDT

Complete - MVR Record Clear

Driver Personal Information

State: Texas

License: [REDACTED]

RADNEY, DANIEL THOMAS

DOB: 08/19/1988

Requested As: [REDACTED] DANIEL RADNEY

Driver License Information

Class	Issued	Expires	Status	Restrictions
C		08/19/2022	CLEAR	

Miscellaneous / State Specific Information

Type	Description
CLASS	C - VEH<26,001 GVWR W/WO TOWED UNIT<10,001 GVWR
ORIGISSUE	2004-09-28
MISC	THIS TYPE OF RECORD WILL NOT REFLECT COMPLETION OF A DRIVING SAFETY COURSE.
MISC	THIS RECORD REFLECTS CONVICTIONS AND CRASH INVOLVEMENTS THAT ARE ALLOWED TO BE DISPLAYED BY LAW.

Driving Record Information

MVR RECORD CLEAR

Information reported may be limited in accordance with the Fair Credit Reporting Act and applicable state law.

V/S Date - Violation/Suspension date

C/R Date - Conviction/Reinstatement date

¹ "Complete" indicates that this request has been processed to conclusion. Please review the report details in their entirety to evaluate any potential discrepancies or records related to this request.

All times listed in Pacific - USA timezone

LEGAL NOTES:

The information provided herein is a consumer report as defined in the federal Fair Credit Reporting Act [15 USC 1681 et.seq.] It

Locomotive Engineer Evaluation Report - Annual - Daniel T Radney

Assessment Date: 2017-05-18 09:40:00

Entered By: Greg Mallinger

Start Subdivision/Start Location/Start MP: Mockingbird Yard/Mockingbird Yard/638

End Subdivision/End Location/End MP: Mockingbird Yard/Mockingbird Yard/638

Train ID: D701X

Duration: 140 minutes

Outcome: Complied (173.0 / 173.0, 100%)

Comments: Needs to work on confidence with regards to train handling skills. Works safely, will learn abilities to operate more efficiently as experience grows.

Prepared at 2018-08-15 08:04:57 by Dale Anderson

#	Question	Answer	#	Question	Answer
1	Type of Certificate	Train	2	Locomotive Consist:	CFNR111, MNA3025
3	Train Consist - Loads:	21	4	Train Consist - Empties:	9
5	Train Consist - Total tonnage:	3169	6	Total Miles:	4
7	Light locomotive operation - Brake tests	N/A	8	Light locomotive operation - Coupling speed	N/A
9	Light locomotive operation - Changing ends	N/A	10	Automatic brake operation - Brake test	Yes
11	Automatic brake operation - Minimum reduction	Yes	12	Automatic brake operation - Total reduction	Yes
13	Automatic brake operation - Release procedure	Yes	14	Automatic brake operation - Independent Release	Yes
15	Dynamic brake operation - Time delay	N/A	16	Dynamic brake operation - Application rate	N/A
17	Dynamic brake operation - Release rate	N/A	18	Independent brake - Application	Yes
19	Independent brake - Release	Yes	20	Monitors - Train profile	Yes
21	Monitors - Air gauges	Yes	22	Reaction to - Locomotive wheel slip/slide	N/A
23	Reaction to - Dynamic brake overload	N/A	24	Reaction to - Alarm lights/bells	N/A
25	Fuel conservation - Throttle modulation	N/A	26	Fuel conservation - Dynamic braking	N/A
27	Fuel conservation - Engine shutdown/isolation	N/A	28	Daily inspection card signed	Yes
29	Locomotive management - Locomotive inspection	Yes	30	Locomotive management - Engine start-up	N/A
31	Locomotive management - Sand	N/A	32	Locomotive management - Short time rating	N/A
33	Locomotive management - Protective devices	Yes	34	Locomotive management - Secures unattended	N/A
35	Operating rules - Use of bell	Yes	36	Operating rules - Use of horn	Yes
37	Operating rules - Use of headlight	Yes	38	Operating rules - Use of radio	Yes
39	Operating rules - Signal compliance	Yes	40	Operating rules - Signal communication	Yes
41	Operating rules - Knowledge of special instructions	Yes	42	Operating rules - Knowledge of operating rules	Yes
43	Operating rules - Knowledge of safety rules	Yes	44	Operating rules - Willingness to follow instructions	Yes
45	Operating rules - Possession of required publications	Yes	46	Train handling - Starting	Yes
47	Train handling - Acceleration	Yes	48	Train handling - Deceleration	Yes
49	Train handling - Speed control	Yes	50	Train handling - Familiarity with terrain	Yes
51	Train handling - Judgment in stopping	Yes	52	Train handling - Judgment - location of train	Yes
53	Train handling - Plans movements ahead	Yes	54	Train handling - Properly controls slack	Yes
55	Train handling - Procedures for set-off and pick-ups	N/A	56	Train handling - Cresting grade	N/A
57	Train handling - Power braking	N/A	58	Train handling - Yarded train efficiently	N/A
59	Train handling - Detaching from train	N/A	60	Train handling - Undesired emergency	N/A
61	Train handling - Proper coupling speed	Yes			

Locomotive Engineer – Performance Monitoring/Skills Checklist

Railroad Name: DGNO Date: 9-16-2016 Engineer's Name: DANIEL RADNEY
 Type of Certificate: TSE Locomotive Consist: 8070 8072
 Train Consist: (loads): 56 (empties): 10 (total tonnage): 7708 Time: 1200
 Total Time of Evaluation: 6 Hours 10 Minutes Total Miles Traveled: 15

Type of Evaluation: Initial Certification (240.211) Recertification Ride (240.127) or Annual Skills Assessment (240.129) (circle correct one)

Check the appropriate task box. The candidate's initial score before the evaluation begins is 100 points. Deduct 2 points for each NO, explaining all areas that require improvement on the back of this form. Deduct 5 points for NO items in Sections 9-F, 10 A-K and 11 A-I. Deductions totaling more than 8 points will result in need for an additional evaluation before the candidate's certification can be approved.

- | | YES | NO | N/A |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Light locomotive operation | | | |
| A. Brake tests..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Coupling speed..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Changing ends..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Automatic brake operation | | | |
| A. Brake test..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Minimum reduction..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| C. Total reduction..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Release procedure..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Independent release..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Dynamic brake operation | | | |
| A. Time delay..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Application rate..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| C. Release rate..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Independent brake | | | |
| A. Application..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Release..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Monitors | | | |
| A. Train profile..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Air gauges..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Reaction to: | | | |
| A. Locomotive wheel slip/slide..... | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| B. Dynamic brake overload..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Alarm lights/bells..... | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Fuel conservation | | | |
| A. Throttle modulation..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Dynamic braking..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Engine shutdown/isolation..... | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Daily inspection card signed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Locomotive management | | | |
| A. Locomotive inspection..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Engine start-up..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Sand..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Short time rating..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Protective devices..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Secures unattended locomotives..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | YES | NO | N/A |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 10. Operating rules | | | |
| A. Use of bell..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Use of horn..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Use of headlight..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Use of radio..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Signal compliance..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Signal communication..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Knowledge of special instructions..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Knowledge of operating rules..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Knowledge of safety rules..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Willingness to follow instructions..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K. Possession of required publications..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Train handling | | | |
| A. Starting..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Acceleration..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Deceleration..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Speed control..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Familiarity with terrain..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Judgment in stopping..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Judgment – location of train..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Plans movements ahead..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Properly controls slack..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Procedures for set-off and pick-ups..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K. Cresting grade..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L. Power braking..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| M. Yarded train efficiently..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| N. Detaching from train..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| O. Undesired emergency..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| P. Proper coupling speed..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Number of 2 Point deductions x 2 = 2 = 4
 Number of 5 Point deductions x 5 = 0
 Total Point deduction 4 = 96%
 Pass/Fail PASS

9-16-2016
Date

A passing score of 92% is required

 Signature of DSLE

NOTE: Engineer's skill assessment will be of sufficient length based on the requirements of the assignment and complexity of the operation.

Explanation of Deficiencies

Remedial action taken or scheduled / Comments

2 (B) DANIEL WOULD SKIP MINIMUM A COUPLE OF TIMES AND GO STRAIGHT TO 10lbs.

THE MORE WAY TALKED AND I EXPLAINED THE IMPORTANCE THE BETTER HE GOT.

3 (B) DANIEL NEVER USED DYNAMIC BRAKES PRIOR TO DBNO SO THIS IS NOT A FAILURE, MORE OF A LEARNING TOOL.



Dallas, Garland and Northeastern Railroad

REPORT OF ANNUAL LOCOMOTIVE ENGINEER STOP TEST

This form may be used to monitor the skills performance of a locomotive engineer annually.
(49CFR 240.129)

Employee Name Daniel Radney

Test type STOP Test / Flag

Train/Engine Number DGNO 143 and DGNO 2000

Location Mockingbird

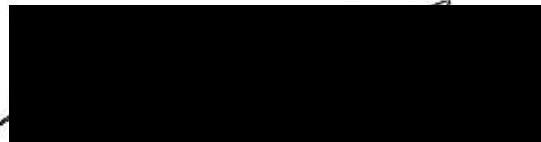
Time 0220

Date 2/5/18

Pass Fail

Supervisor Name Robert Corley

Explanation Flag was placed pass the curve between
DLT and seven rail switch



Signature of Supervisor



Dallas Garland Northeastern

REPORT OF ANNUAL LOCOMOTIVE ENGINEER STOP TEST

This form may be used to monitor the skills performance of a locomotive engineer annually.
(49CFR 240.129)

Employee Name DANIEL RADNEY

Test type RED FLAG

Train/Engine Number S-712 / DGNO 3368

Location DENISON, TX

Time 1600

Date 6-16-2017

Pass Fail

Supervisor Name JOE NEWSOM

Comments RED FLAG, ENGINEER

Was running long nose coming off the BUSF into DENISON YARD.



Entered



Dallas, Garland and Northeastern Railroad

REPORT OF ANNUAL LOCOMOTIVE ENGINEER STOP TEST

This form may be used to monitor the skills performance of a locomotive engineer annually.
(49CFR 240.129)

Employee Name DANIEL RADNEY

Test type FLAG

Train/Engine Number S-710 / ^{MNA} ~~DGNR~~ 3025

Location ANNA, TX

Time 1645

Date 10-26-2016

Pass Fail

Supervisor Name JOE NEWSOM

Explanation _____

