



**Metro-North
Railroad**

DAILY REPORT OF UNITS INSPECTED
MAINTENANCE OF EQUIPMENT DEPARTMENT

INSTRUCTIONS:

- Each unit must be inspected once in each 24 hour period and a report made on this form whether needing repairs or not.
- The units found defective must be indicated hereon by placing a (x) mark on the space provided, and a separate report made on Form ME-9 (2C).
- A (Δ) mark to indicate cab signal system has been validated and is operational and that all appropriate cocks, switches, and breakers are cut-in and sealed.

The following units were inspected by the undersigned during the period of time indicated above and all were found without defects except those marked by a (x).

LOCATION: Harman

DATE: 2 13 15 TIME: 5:30 AM PM

TRAIN NO. <u>2895</u>			TRAIN NO. <u>801</u>			TRAIN NO. <u>732</u>			TRAIN NO.			TRAIN NO.			TRAIN NO.		
TRACK NO. <u>17</u>			TRACK NO. <u>14</u>			TRACK NO. <u>14</u>			TRACK NO.			TRACK NO.			TRACK NO.		
UNIT NO	CS	DEF	UNIT NO	CS	DEF	UNIT NO	CS	DEF	UNIT NO	CS	DEF	UNIT NO	CS	DEF	UNIT NO	CS	DEF
<u>203</u>	<u>Δ</u>		<u>210</u>	<u>Δ</u>		<u>4333</u>	<u>Δ</u>		<u>106</u>	<u>Δ</u>							
<u>6388</u>			<u>6149</u>			<u>4332</u>											
<u>6174</u>			<u>6354</u>			<u>4197</u>											
<u>6152</u>			<u>6234</u>			<u>4196</u>											
<u>6163</u>			<u>6342</u>			<u>4175</u>											
<u>6363</u>			<u>6161</u>			<u>4174</u>											
<u>6446</u>			<u>6286</u>			<u>4309</u>											
<u>6229</u>	<u>Δ</u>		<u>6129</u>	<u>Δ</u>		<u>4308</u>	<u>Δ</u>										

COMMENTS TRK 17 - 201 off + 203 on

EMPLOYEE #	PRINT NAME	SIGNATURE	OCCUPATION	DATE:
[REDACTED]	[REDACTED]	[REDACTED]	<u>Electrician</u>	<u>2 13 15</u>
[REDACTED]	[REDACTED]	[REDACTED]	<u>Carman</u>	<u>2 13 15</u>
[REDACTED]	[REDACTED]	[REDACTED]	<u>Mechanic</u>	<u>2 13 15</u>

SUPERVISOR NAME

EMPLOYEE #



Metro-North Railroad

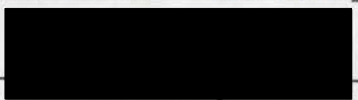

CAB SIGNAL CERTIFICATION

TEST TYPE: DEPARTURE 49 CFR 236.587 DAILY 49 CFR 236.586

EQUIPMENT TYPE: EMU LOCO / CAB SWITCHER LOCOMOTIVE NO. 4333

REMARKS: None
(Repairs-Replacements-Adjustments Made)

TEST RESULTS: PASS FAIL LOCATION: Harmon DATE: 2-3-15 TIME: 0430

PERFORMED BY:  EMPLOYEE NO. 

COPY-TEST LOCATION



Metro-North Railroad

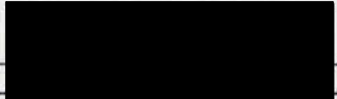

CAB SIGNAL CERTIFICATION

TEST TYPE: DEPARTURE 49 CFR 236.587 DAILY 49 CFR 236.586

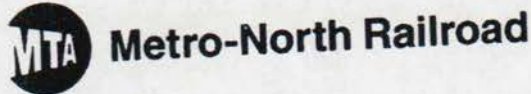
EQUIPMENT TYPE: EMU LOCO / CAB SWITCHER LOCOMOTIVE NO. 4308

REMARKS: None
(Repairs-Replacements-Adjustments Made)

TEST RESULTS: PASS FAIL LOCATION: Harmon DATE: 2-3-15 TIME: 0448

PERFORMED BY:  EMPLOYEE NO. 

COPY-TEST LOCATION



CLASS 1 AIR BRAKE INSPECTION

49 CFR 238.313

EQUIPMENT TYPE: EMU LOCO/ CAB

LEAD CAR/ LOCO NO. 4333

TRAIN NO. 732

TOTAL NUMBER OF CARS / LOCO'S IN THE TRAIN: 8

ALL CARS / LOCO'S PASSED INSPECTION

LOCATION: Harmon

DATE: 2/3/15

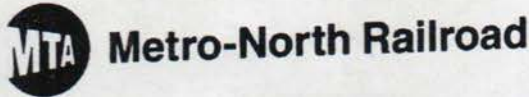
TIME: 02:47

[Redacted Signature]
SIGNATURE

Carman
OCCUPATION

[Redacted Employee No.]
EMPLOYEE NO.

③



CLASS 1 AIR BRAKE INSPECTION

49 CFR 238.313

EQUIPMENT TYPE: EMU LOCO/ CAB

LEAD CAR/ LOCO NO. 4308

TRAIN NO. 732

TOTAL NUMBER OF CARS / LOCO'S IN THE TRAIN: 8

ALL CARS / LOCO'S PASSED INSPECTION

LOCATION: Harmon

DATE: 2/3/15

TIME: 04:50

[Redacted Signature]
SIGNATURE

Carman
OCCUPATION

[Redacted Employee No.]
EMPLOYEE NO.