

**RRD18MR001
Amtrak
Collision
Cayce, SC
February 4, 2018**

Attachment 6
CSXT 136 FRA form F6180-49A Blue Card

36

LOCOMOTIVE INSPECTION AND REPAIR RECORD

U.S. Department of Transportation Federal Railroad Administration

Reporting year 2017 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. CW44 AC 4. LOCO. NO. 36 5. YR. BUILT 1995 6. PROPELLED BY D-E 7. HORSEPOWER 4400 8. TYPE OF SERVICE: ROAD [checked] 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 0

12. LAST PERIODIC INSPECTION DATE 92-Day [] 184-Day [checked] PLACE 11/26/16 Waycross, GA

PERIODIC INSPECTIONS table with columns: 13. DATE MO DAY YR, 14. PLACE, 15. ITEMS *, 16. PERSON CONDUCTING, 17. CERTIFIED BY. Rows include inspections at Russell, KY and Cumberland, MD.

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

TESTS table with columns: TYPE, INTERVAL NOT MORE THAN, 21. PERSON CONDUCTING, 22. TEST DATE AND PLACE, 23. CERTIFIED BY, 24. PREVIOUS TEST DATE AND PLACE. Includes rows for H&H TEST PRESSURE, WAIVER PART - 229, and AIRBRAKE tests.

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 0036

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 employec'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: Russell, Ky Inspection Date-MMDDYY 06-06-17
 Location: Cumberland, MD Inspection Date-MMDDYY 12-11-17

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) 6/4/17 @ RVR by fmwacker (2) 9/28/17 @ NCU by [redacted] (3) 12/11/17 @ CBR by [redacted]
 (4) ___/___/___ @ ___ by ___ (5) ___/___/___ @ ___ by ___ (6) ___/___/___ @ ___ by ___

BRAKE TYPE	CCB1, CCB2, CCB26	EPIC/	FASTBRK	26L - NO AIR DRYER			26L - WITH AIR DRYER			OTHER
				26L	26CP	26CN	26L	26CP	26CN	
229.29 Number of Calendar Days	<u>Waiver</u>	<u>Waiver</u>	<u>Waiver</u>	1103			1471			
WAIVERS - ("X" All Applicable)										
CCB1, CCB2, CCB26	229.29	<u>X</u>		WAIVER DOCKET # FRA -2005-21613 - EXTENDED AIR BRAKE COT&S.						
EPIC	229.29	___		WAIVER DOCKET # FRA -2005-21613 - EXTENDED AIR BRAKE COT&S.						
FASTBRK	229.29	___		WAIVER DOCKET # FRA -2005-21613 - EXTENDED AIR BRAKE COT&S.						
RCL AIR BRAKE	229.29	___		WAIVER DOCKET # FRA -2008-0015 - REMOTE CONTROL AIR BRAKE EQUIPMENT.						
PILOT HEIGHT	229.123	___		WAIVER DOCKET # FRA -2000-7701 - 9-INCH MAX. END PLATE HEIGHT PERMITTED YARD SERVICE ONLY.						
OTHER	___	___		___						

EVENT RECORDER - 229.25(E)
 MAKE Wabtec MODEL IFCD-PCM-04
 ("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 INSPECTION AND REPAIR RECORD

Reporting year 20 17 Check if new loco. If loco. renumbered give previous no.

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 OMB No. 2130-0004

1. OPERATED BY CSX Transportation, Inc.				RR CODE <input type="checkbox"/> C <input type="checkbox"/> S <input checked="" type="checkbox"/> X <input type="checkbox"/> T		2. OWNED BY (Railroad) CSX Transportation, Inc.				RR CODE <input type="checkbox"/> C <input type="checkbox"/> S <input checked="" type="checkbox"/> X <input type="checkbox"/> T			
3. MODEL NO. <u>CW44 AC</u>	4. LOCO. NO. <u>36</u>	5. YR. BUILT <u>1995</u>	6. PROPELLED BY <u>D-E</u>	7. HORSEPOWER <u>4400</u>	8. TYPE OF SERVICE: PASSENGER <input type="checkbox"/> ROAD <input checked="" type="checkbox"/> YARD <input type="checkbox"/> OTHER <input type="checkbox"/>								
9. STEAM GEN. GEN. #1 <u>N/A</u> Working Pressure				GEN. #2 <u>N/A</u> Working Pressure									
10. MAXIMUM PISTON TRAVEL <u>08</u> inches				TYPE OF AIR BRAKE <u>CCBI</u>				11. OUT OF USE CREDIT					

12. LAST PERIODIC INSPECTION DATE 92-Day 184-Day 12/11/17 PLACE Cumberland, MD

PERIODIC INSPECTIONS						
13. DATE MO DAY YR	14. PLACE	15. ITEMS *	16. PERSON CONDUCTING	15. ITEMS *	16. PERSON CONDUCTING	17. CERTIFIED BY
ANNUAL AIR ONLY						

* 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 <u>Drilled</u>		19. WAIVER PART - 229 <u>2005 - 21613</u>		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>[REDACTED]</u>	<u>12-11-17 Cumberland, MD</u>	<u>[REDACTED]</u>	<u>6-6-17 Russell, KY</u>		
AIRBRAKE 229.29	NUMBER OF CALENDAR DAYS <u>WAIVER</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.
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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 Manufactures 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.
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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: Cumberland, MO Inspection Date-MMDDYY 12-11-17

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) 12/11/17 @ CBR 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	<u>Waiver</u>	<u>Waiver</u>	<u>Waiver</u>	<u>1103</u>			<u>1471</u>			
WAIVERS - ("X" All Applicable)										
CCB1, CCB2, CCB26	<u>229.29</u>	<u>X</u>		WAIVER DOCKET # FRA -2005-21613 - EXTENDED AIR BRAKE COT&S.						
EPIC	<u>229.29</u>	<u>---</u>		WAIVER DOCKET # FRA -2005-21613 - EXTENDED AIR BRAKE COT&S.						
FASTBRK	<u>229.29</u>	<u>---</u>		WAIVER DOCKET # FRA -2005-21613 - EXTENDED AIR BRAKE COT&S.						
RCL AIR BRAKE	<u>229.29</u>	<u>---</u>		WAIVER DOCKET # FRA -2008-0015 - REMOTE CONTROL AIR BRAKE EQUIPMENT.						
PILOT HEIGHT	<u>229.123</u>	<u>---</u>		WAIVER DOCKET # FRA -2000-7701 - 9-INCH MAX. END PLATE HEIGHT PERMITTED YARD SERVICE ONLY.						
OTHER	<u>---</u>	<u>---</u>								

EVENT RECORDER - 229.25(E)
 ("X" if NOT equipped) ---
 MAKE WABTEC MODEL IFCD-PCM-04
 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. CSXT0036

ITEM	DESCRIPTION	PER	CONDUCTING	DATE	PLACE	CERTIFIED BY	PREVIOUS T DATE PLAC
A1143	#8 VENT VALVE						112616 WAY
A1144	#8 VENT - REAR						112616 WAY
A1161	RELAY VALVE-J1						112616 WAY
A1201	SAFETY VLV 150#						022111 RUS
A1427	DEAD ENG CK VLV						112616 WAY
A1485	DEAD END REG						112616 WAY
A1501	CK VL-MN RES EQ						112616 WAY
A1521	CHK VAL-MAN RES						112616 WAY
A1700	DIT VALVE(DB10)						112616 WAY
A1710	AW4-ER						111314 COR
A1715	AW4-16						112616 WAY
A1720	13 CO						112616 WAY
A1735	BP RELAY						112616 WAY
A1740	BPCO						111214 COR
A1750	DCV						112616 WAY
A1755	ELV						112616 WAY
A1780	MVEM						111314 COR
A1781	MVER						112616 WAY
A1782	MV13E						112616 WAY
A1783	MV13S						112616 WAY
A1784	MV16T						112616 WAY
A1785	MV53						111214 COR
A1792	PVE						112616 WAY
A1793	PVEM						112616 WAY
A1794	20CP(20 BLOCK)						111214 COR

A1795 BK UP ACT. VLV	_____	_____	_____	_____	112616 WAY
A1796 BK UP DBL CHK	_____	_____	_____	_____	112616 WAY
A1797 21 BLOCK	_____	_____	_____	_____	112616 WAY

-EOT-0063LINES- ABA#000005 CICS065 -DATE 17/06/03-TIME 080609 TRAN: OMBI