

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

**Attachment 8**  
CSXT 0130 FRA form F6180-49A Blue Card

130

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. CW44AC		4. LOCO. NO. 130		5. YR. BUILT 1996		6. PROPELLED BY D-E		7. HORSEPOWER 4400		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 N/A Working Pressure				GEN. #2 N/A Working Pressure						
10. MAXIMUM PISTON TRAVEL 8 Inches				TYPE OF AIR BRAKE CCB1				11. OUT OF USE CREDIT				
12. LAST PERIODIC INSPECTION DATE 92-Day <input type="checkbox"/> 184-Day <input checked="" type="checkbox"/> 11-5-16 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
5-12-17		Waycross, GA		1234,7		[REDACTED]		05		[REDACTED]		[REDACTED]
11-18-17		Cumberland, MD		1234,7		[REDACTED]		05		[REDACTED]		[REDACTED]
Out of		Service		from		11-12-17		to		11-18-17		[REDACTED]
* 15. ITEM CODE: <input type="checkbox"/> BRAKES <input type="checkbox"/> RUNNING GEAR <input type="checkbox"/> CAB EQUIP. <input type="checkbox"/> MECH. EQUIP. <input type="checkbox"/> ELECT. EQUIP. <input type="checkbox"/> STEAM GEN. <input type="checkbox"/> 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		[REDACTED]		N/A		[REDACTED]		MP&E 98-54		
HAMMER AND HYDRO		736 calendar days		[REDACTED]		N/A		[REDACTED]		N/A		
AIRBRAKE 229.27 (a) (1)		368 calendar days Filters Only		[REDACTED]		5-12-17 Waycross, GA		[REDACTED]		4-29-16 Waycross, GA		
AIRBRAKE 229.29		NUMBER OF CALENDAR DAYS Waiver		[REDACTED]		00/00/00 Fragmented		[REDACTED]		[REDACTED]		

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 130

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

[REDACTED]  
(Officer-in-charge) 11/18/17  
DATE

**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(c). When a new form 180.49A 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&E:** 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.

<b>Handbrake Inspection</b>												
Location: <u>Waycross, GA</u>				Inspection Date-MMDDYY <u>5-12-17</u>								
Location: <u>Cumberland, MO</u>				Inspection Date-MMDDYY <u>11-18-17</u>								
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>5/17/17</u> @ <u>WRR</u> by <u>[Signature]</u> (2) <u>8/17/17</u> @ <u>SKV</u> by <u>[Signature]</u> (3) <u>11/18/17</u> @ <u>CBR</u> by <u>[Signature]</u>												
(4) ___/___/___ @ ___ by ___ (5) ___/___/___ @ ___ by ___ (6) ___/___/___ @ ___ by ___												
<b>BRAKE TYPE</b>				<b>CCB1/CCB2, CCB26</b>			<b>EPIC/</b>			<b>FASTBRK</b>		
				<b>Waiver</b>			<b>Waiver</b>			<b>Waiver</b>		
229.29 Number of Calendar Days				1103			1471					
WAIVERS ("X" All Applicable)				CCBI, CCB2, CCB26 229.29 <input checked="" type="checkbox"/> 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 ___ ___								
<b>EVENT RECORDER - 229.25(E)</b>				MAKE <u>Wabtec</u>			MODEL <u>IFCD-PCM-04</u>					
("X" if NOT equipped)				MAKE			MODEL					
<b>OUT-OF-USE CREDIT - 229.33</b> (EACH ENTRY MUST BE A MINIMUM OF 30 CONSECUTIVE DAYS)				<b>FROM DATE</b>		<b>TO DATE</b>		<b>LOCATION</b>		<b>TOTAL DAYS</b>		



LOCOMOTIVE INSPECTION AND REPAIR RECORD

OMB No. 2130-0004

Reporting year 20 17 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. CW 44AC 4. LOCO. NO. 130 5. YR. BUILT 1996 6. PROPELLED BY D-E 7. HORSEPOWER 4400 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 8 Inches TYPE OF AIR BRAKE CCB I 11. OUT OF USE CREDIT

12. LAST PERIODIC INSPECTION DATE [ ] 92-Day [X] 184-Day 11-18-17 PLACE Cumberland, MD

PERIODIC INSPECTIONS

Table with 7 columns: 13. DATE MO DAY YR, 14. PLACE, 15. ITEMS \*, 16. PERSON CONDUCTING, 15. ITEMS \*, 16. PERSON CONDUCTING, 17. CERTIFIED BY. Content: 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 Drilled 19. WAIVER PART - 229 2005-21613 20. WAIVER - OTHER

Table with 6 columns: TYPE, INTERVAL NOT MORE THAN, 21. PERSON CONDUCTING, 22. TEST DATE AND PLACE, 23. CERTIFIED BY, 24. PREVIOUS TEST DATE AND PLACE. Rows include METER, HAMMER AND HYDRO, AIRBRAKE 229.27 (a) (1), AIRBRAKE 229.29.

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 130

ATTENTION: A false entry on this form is punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001). [Signature] 11/18/17

**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.  
**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.

<b>Handbrake Inspection</b>										
Location: <u>Cumberland, MD</u>				Inspection Date-MMDDYY			<u>11-18-17</u>			
Location:				Inspection Date-MMDDYY						
<b>NOISE:</b> Enter any noise test or related information in accordance with 49CFR Section 210.31.										
<b>REMARKS:</b> 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) / / @ ___ by _____			(2) / / @ ___ by _____			(3) / / @ ___ by _____				
(4) / / @ ___ by _____			(5) / / @ ___ by _____			(6) / / @ ___ by _____				
				<b>26L - NO AIR DRYER</b>			<b>26L - WITH AIR DRYER</b>			<b>OTHER</b>
<b>BRAKE TYPE</b>				<b>CCB1, CCB2, CCB26</b>	<b>EPIC/</b>	<b>FASTBRK</b>	<b>26L</b>	<b>26BP</b>	<b>26CN</b>	
229.29 Number of Calendar Days				<u>Waiver</u>	<b>Waiver</b>	<b>Waiver</b>	<b>1103</b>			<b>1471</b>
<b>WAIVERS - ("X" All Applicable)</b> CCB1, CCB2, CCB26    229.29 <u>X</u> EPIC                    229.29    ___ FASTBRK                229.29    ___ RCL AIR BRAKE        229.29    ___ PILOT HEIGHT         229.123    ___ 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.						
<b>EVENT RECORDER - 229.25(E)</b>				MAKE <u>WABTEC</u>			MODEL <u>IFCD-PCM-04</u>			
("X" if NOT equipped) _____				MAKE _____			MODEL _____			
<b>OUT-OF-USE CREDIT - 229.33</b> (EACH ENTRY MUST BE A MINIMUM OF 30 CONSECUTIVE DAYS)				<b>FROM DATE</b>		<b>TO DATE</b>		<b>LOCATION</b>		<b>TOTAL DAYS</b>

LOCOMOTIVE AIR BRAKE INSPECTION REPORT FOR 2017

UNIT NO. CSXT0130

ITEM	DESCRIPTION	PER	CONDUCTING	DATE	PLACE	CERTIFIED BY	PREVIOUS TEST	DATE	PLACE
A1143	#8 VENT VALVE						102612		RUSS, KY
A1144	#8 VENT - REAR						102612		RUSS, KY
A1161	RELAY VALVE-J1						102612		RUSS, KY
A1201	SAFETY VLV 150#						042213		SELK, NY
A1427	DEAD ENG CK VLV						102512		RUSS, KY
A1485	DEAD END REG						102412		RUSS, KY
A1501	CK VL-MN RES EQ						102412		RUSS, KY
A1521	CHK VAL-MAN RES						102412		RUSS, KY
A1700	DIT VALVE (DB10)						102412		RUSS, KY
A1710	AW4-ER						102412		RUSS, KY
A1715	AW4-16						102412		RUSS, KY
A1720	13 CO						102412		RUSS, KY
A1735	BP RELAY						102612		RUSS, KY
A1740	BPCO						102612		RUSS, KY
A1750	DCV						102612		RUSS, KY
A1755	ELV						102412		RUSS, KY
A1780	MVEM						102412		RUSS, KY
A1781	MVER						102612		RUSS, KY
A1782	MV13E						102612		RUSS, KY
A1783	MV13S						102412		RUSS, KY
A1784	MV16T						102412		RUSS, KY
A1785	MV53						102412		RUSS, KY
A1792	PVE						102612		RUSS, KY
A1793	PVEM						102612		RUSS, KY
A1794	20CP (20 BLOCK)						102815		RUSS, KY

A1795 BK UP ACT. VLV	_____	_____	_____	_____	102412 RUSS, KY
A1796 BK UP DBL CHK	_____	_____	_____	_____	102412 RUSS, KY
A1797 21 BLOCK	_____	_____	_____	_____	102412 RUSS, KY

-EOT-0063LINES- IHR#000012 CICS065 -DATE 17/05/12-TIME 085931 TRAN: OMBI