



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: Stamford DATE: 5/18/17 TIME: 00:00 ☐ AM 08:00 ☐ PM

TRAIN NO. 1305			TRAIN NO. 1307			TRAIN NO. 1317			TRAIN NO. 1327			TRAIN NO.			TRAIN NO.		
TRACK NO. 124			TRACK NO. 104			TRACK NO. 84			TRACK NO. 18			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
9379	Δ		9327	Δ		217	Δ		9213	Δ							
9378			9322			6376			9212								
9123			9462			6180			9281								
9122			9367			6342			9280								
9590			9366			6369			9633								
9501			9643			6240			9532								
9500	∇		9542	∇		6259			9353								
						6311	∇		9352								
									9101								
									9106								
									9607								
118625 <i>AS</i>			118625 <i>AS</i>			118626 <i>MC</i>			9606	∇							

118625 AS

COMMENTS

EMPLOYEE #	PRINT NAME	SIGNATURE	OCCUPATION	DATE:
	John Haesche	<i>[Signature]</i>	Electrician	5/18/17
EMPLOYEE #	PRINT NAME	SIGNATURE	OCCUPATION	DATE:
	DOMINICK DEPACE	<i>[Signature]</i>	CARMAN	5/18/17
EMPLOYEE #	PRINT NAME	SIGNATURE	OCCUPATION	DATE:

SUPERVISOR NAME: *[Signature]*

EMPLOYEE # *[Redacted]*

FORM ME-8C
REV 11/01



Metro-North Railroad

REF: RULE - 376

CAB SIGNAL CERTIFICATION

TEST TYPE :

DEPARTURE 49 CFR 236.587



DAILY 49 CFR 236.586

EQUIPMENT TYPE : ☒ EMU ☐ LOCO / CAB ☐ SWITCHER

LOCOMOTIVE NO. 9606

REMARKS :

NONE
(Repairs-Replacements-Adjustments Made)

TEST RESULTS : ☒ PASS ☐ FAIL

LOCATION : Stamford

DATE : 5/18/17

TIME : 03:00

PERFORMED BY :

EMPLOYEE NO. [REDACTED]

COPY-TEST LOCATION

FORM ME-8C
REV 11/01



Metro-North Railroad

REF: RULE - 376

CAB SIGNAL CERTIFICATION

TEST TYPE :

DEPARTURE 49 CFR 236.587



DAILY 49 CFR 236.586

EQUIPMENT TYPE : ☒ EMU ☐ LOCO / CAB ☐ SWITCHER

LOCOMOTIVE NO. 9213

REMARKS :

NONE
(Repairs-Replacements-Adjustments Made)

TEST RESULTS : ☒ PASS ☐ FAIL

LOCATION : Stamford

DATE : 5/18/17

TIME : 03:08

PERFORMED BY :

EMPLOYEE NO. [REDACTED]

COPY-TEST LOCATION



Metro-North Railroad

CLASS 1 AIR BRAKE INSPECTION

49 CFR 238.313

EQUIPMENT TYPE: ☒ EMU ☐ LOCO/ CAB

LEAD CAR/ LOCO NO. 9606 TRAIN NO. 1327

TOTAL NUMBER OF CARS / LOCO'S IN THE TRAIN: 12

ALL CARS / LOCO'S PASSED INSPECTION

LOCATION: Stam DATE: 5-18-17 TIME: 03:48
[REDACTED] CI [REDACTED]
SIGNATURE OCCUPATION EMPLOYEE NO.



Metro-North Railroad

CLASS 1 AIR BRAKE INSPECTION

49 CFR 238.313

EQUIPMENT TYPE: ☒ EMU ☐ LOCO/ CAB

LEAD CAR/ LOCO NO. 9213 TRAIN NO. 1327

TOTAL NUMBER OF CARS / LOCO'S IN THE TRAIN: 12

ALL CARS / LOCO'S PASSED INSPECTION

LOCATION: Stam DATE: 5-18-17 TIME: 03:53
[REDACTED] CI [REDACTED]
SIGNATURE OCCUPATION EMPLOYEE NO.