



RAIL OPERATIONS FACTORS ATTACHMENT

Mechanical Paperwork

Delray Beach, FL

HWY23MH006

(7 pages)

EQUIPMENT INSPECTION REPORT AFTER TRAIN ACCIDENT / INCIDENT.

brightline

Incident # 2023-1497 Train # 709 Lead unit: 101 Date: 2/8/23

Consist: 101 207 443 444 407 108 _____

Description of an accident: Vehicle strike @ mp 319.36.

NOTE: Use a separate form for each locomotive or car requiring an inspection.

1) Brake cylinder piston travel:

Left 1: N/A Right 1: N/A
Left 2: | Right 2: |
Left 3: | Right 3: |
Left 4: | Right 4: |

2) Condition of wheels.

R1: OK L1: OK
R2: OK L2: OK
R3: OK L3: OK
R4: OK L4: OK

3) Condition of brake rigging:

'A' Truck: OK
'B' Truck: OK

4) Main reservoir pressure:

Cut in = 138 lbs.
Cut out = 143 lbs.

5) Equalizing Reservoir pressure: 110 lbs.

6) Brake pipe pressure: 109 lbs.
7) Brake cylinder pressure: 0 lbs.
8) Application pressure: 65 lbs. FS

9) Independent Brake Valve:

a> Independent brake valve applies in 3.5 seconds.
b> Independent brake valve fully releases in 9.9 seconds.

10) Automatic brake valve: Service reduction from 109 lbs to full service occurs in 9.4 seconds.

11) Automatic brake valve: Emergency application from 109 lbs to zero lbs occurs in 2.8 seconds.

12) Condition of seals on safety devices: a) Alerter OK b) CSS/PTC OK

13) Condition of: a) Bell OK b) Horn OK c) Sanders OK

14) Condition of Lights: a) Front OK b) Ditch OK c) Strobe OK

15) Condition of windshields: OK 16) Condition of wipers: OK

17) Inspection dates:

a) Daily inspection date: 2/8/23 Place: WPB RRF
b) Periodic inspection date: 12/30/22 Place: WPB RRF
c) Annual inspection date: 2/3/22 Place: WPB RRF
d) Class I air test: 2/8/23 Place: WPB RRF
e) Cab signal departure date: 2/8/23 Place: WPB RRF
f) P.I. cab signal insp date: 12/30/22 Place: WPB RRF

Disposition of unit: _____

Location & reason for shopped: _____

Remarks: _____

Unit inspected at: WPB RRF Date of inspection: 2/4/23 Time: 0303 AM/PM

Inspector signature: _____ Title: Technician Date: 2/9/23

Supervisor signature: _____ Title: _____ Date: _____

M-1 EQUIPMENT INSPECTION RECORD

Locomotive Number: 101

Last Periodic Cab Signal Test (date & location): 12/30/22/WPB RRF

brightline

Daily Inspection (49 CFR 229.21)				CSS/PTC TEST (49 CFR 236.587)				AIR BRAKE TEST (49 CFR 238.313; 238.315)					EXTERIOR AND INTERIOR CALENDER INSPECTION (49 CFR 238.303; 238.305)					
Date	Location	Time	Signature	Test Type	Date	Location	Time	Signature	Test Type	Date	Location	Time	# Of Cars	Signature	Date	Location	Time	Signature
02/04	RRF	0009	[Signature]	<input checked="" type="checkbox"/> CSS <input checked="" type="checkbox"/> PTC	02/04	RRF	0018 0019	[Signature]	<input checked="" type="checkbox"/> Class 1 <input type="checkbox"/> Class 1A	02/04	RRF	0015	1	[Signature]	02/04	RRF	0035	[Signature]
2/5	RRF	02:48	[Signature]	<input checked="" type="checkbox"/> CSS <input checked="" type="checkbox"/> PTC	2/5	RRF	02:59 03:00	[Signature]	<input checked="" type="checkbox"/> Class 1 <input type="checkbox"/> Class 1A	2/5	RRF	03:51	4	[Signature]	2/5	RRF	02:30	[Signature]
2/6	RRF	03:02	[Signature]	<input checked="" type="checkbox"/> CSS <input checked="" type="checkbox"/> PTC	2/6	RRF	03:10 03:11	[Signature]	<input checked="" type="checkbox"/> Class 1 <input type="checkbox"/> Class 1A	2/6	RRF	03:07	4	[Signature]	2/6	RRF	03:00	[Signature]
2/7	RRF	0022	[Signature]	<input checked="" type="checkbox"/> CSS <input checked="" type="checkbox"/> PTC	2/7	RRF	0028 0029	[Signature]	<input checked="" type="checkbox"/> Class 1 <input type="checkbox"/> Class 1A	2/7	RRF	0025	4	[Signature]	2/7	RRF	0001	[Signature]
2/8	RRF	03:15	[Signature]	<input checked="" type="checkbox"/> CSS <input checked="" type="checkbox"/> PTC	2/8	RRF	03:25 03:35	[Signature]	<input checked="" type="checkbox"/> Class 1 <input type="checkbox"/> Class 1A	2/8	RRF	03:06	4	[Signature]	2/8	RRF	03:15	[Signature]
				<input type="checkbox"/> CSS <input type="checkbox"/> PTC					<input type="checkbox"/> Class 1 <input type="checkbox"/> Class 1A									
				<input type="checkbox"/> CSS <input type="checkbox"/> PTC					<input type="checkbox"/> Class 1 <input type="checkbox"/> Class 1A									
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HWY23MH006 - Brightline - NTSB001109

M-1 EQUIPMENT INSPECTION RECORD

Locomotive Number: _____

Last Periodic Cab Signal Test (date & location): _____



Daily Inspection (49 CFR 229.21)				CSS/PTC TEST (49 CFR 236.587)					AIR BRAKE TEST (49 CFR 238.313; 238.315)					EXTERIOR AND INTERIOR CALENDER INSPECTION (49CFR 238.303; 238.305)				
Date	Location	Time	Signature	Test Type	Date	Location	Time	Signature	Test Type	Date	Location	Time	#Of Cars	Signature	Date	Location	Time	Signature
				<input type="checkbox"/> CSS <input type="checkbox"/> PTC					<input type="checkbox"/> Class 1 <input type="checkbox"/> Class1A									
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				<input type="checkbox"/> CSS <input type="checkbox"/> PTC					<input type="checkbox"/> Class 1 <input type="checkbox"/> Class1A									



U.S. Department of Transportation
Federal Railroad Administration

See reverse for Paperwork Reduction Act Statement

Locomotive Inspection and Repair Record

OMB No.2130-0004

Year: 2022		1. Operated by: Brightline		RR Code: BLF		2. Owned by: Brightline		RR Code: BLF		
3. Model No. SCB-40			4. Loco No. 101		If renumbered, Prev. No.		5. Year Built 2016		Check if new loco. <input type="checkbox"/>	
6. Propelled by: Diesel-Electric		7. Horsepower 4000	8. Type of Service: Passenger <input checked="" type="checkbox"/> Road <input type="checkbox"/> Yard <input type="checkbox"/> Other <input type="checkbox"/>			9. Steam Gen. a No.: Not Equipped		b. Working Pressure N/A	10. Max. Piston Travel rem in.	
Type of Air Brake: CCB-II		Air Dryer Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		11. Out of use Credit: 474		12. Last Periodic Inspection		a. Date 1/8/2022	b. Place WPB, FL	
AFM CAL. 229.29(b)	92 day max. interval	Previous date:		Date & Cert:		Date & cert:		Date & cert:		
PERIODIC INSPECTIONS			Check one: <input type="checkbox"/> 92 days per 229.23(a)			<input checked="" type="checkbox"/> 184 days per 229.23(b)(1) only				
13. Date: Mo/Day/Yr	14. Place	15. Items*	16. Person Conducting		15. Items*	16. Person Conducting		17. Certified by		
	Out Of Use	From	3/26/2020		To	7/13/2021		Dan Crleton		
7/3/2022	WPB, FL	1,2,3,4,5,7	Joe Barbosa					A. Barton		
12/30/2022	WPB, FL	1,2,3,4,5,7	Gabriel Harris					James Johnson		
* 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 N/A			19. Waiver Part 229 2005-21613			20. Waiver - Other		
Type		Interval Not more than:	21. Person Conducting		22. Test Date & Place	23. Certified by		24. Previous Test Date & Place		
Event Recorder 229.25(d) or 229.27(c)		No. of days: 368	Joe Barbosa		7/3/2022 WPB, FL	Gabriel Harris		07/13/2021 WPB, FL		
Annual Tests 229.27		368 days	Joe Barbosa		7/3/2022 WPB, FL	Gabriel Harris		07/13/2021 WPB, FL		
Hand Brake 232.105(c)		368 days	Joe Barbosa		7/3/2022 WPB, FL	Gabriel Harris		07/13/2021 WPB, FL		
Air Brakes: Level 1 229.29(c)(1)		368 days	Joe Barbosa		7/3/2022 WPB, FL	Gabriel Harris		07/13/2021 WPB, FL		
Level 2 229.29(c)(2)		No. of days: 3312						12/08/2016 SAC, CA		
Level 3 229.29(c)(3)		No. of days: 3312						12/08/2016 SAC, CA		
Hammer and Hydro 229.31		736 days	DRILLED		DRILLED					

In accordance with the Locomotive Inspection Act, 49 USC Chapter 207 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. _____
Attention: A false entry on this form is punishable by fine or imprisonment (18 USC Sec1001)

Officer-in-charge _____ Date _____

INSTRUCTIONS: This Locomotive Inspection and Repair Record (Record or F6180-49A) covers a calendar year, except as noted. The Record for the preceding calendar year shall be retained in the locomotive until the first periodic inspection of the new year or, until the Record is replaced on April 2 or July 3 (if 184 day eligible) as required by 49 CFR 229.23(f) or, until the locomotive changes ownership (see 2 below.) Enter the requested information in each block. Special instructions are given below.

1. **OPERATED BY:** Enter the name and code of the primary railroad operating the locomotive at the time this Record is placed in it. Operator changes, including dates, shall be noted in "Remarks." The "RR Code" is as assigned by FRA to the railroad.
2. **OWNER:** Enter the name and RR Code of the owner. Changes in ownership shall be submitted as final reports.
3. **LOCOMOTIVE NO.:** Enter digits only. Include letters if they differ from the "RR Code." If renumbered, enter the previous number.
4. **YEAR BUILT:** Enter the year the locomotive was built and check if new. If remanufactured per 49 CFR 229.5, enter "RM" and the year.
5. **PROPELLED BY:** Enter Diesel-Electric (D-E), Electric (E), Electric Multiple Unit (MU), Diesel Multiple Unit (DMU), MU Control Cab (MUC), Non-MU Control Cab (NMUC), Turbine (T), Torque Converter (TC), or Other (O).
6. **MAXIMUM PISTON TRAVEL:** Enter only "nominal" travel. Do not include the manufacturer's tolerance.
7. **OUT-OF-USE CREDIT:** Enter the number of creditable calendar days the locomotive was out-of use since the last periodic inspection on the previous F6180-49A. Less than 30 consecutive calendar days for any out-of-use period may not be counted per 49 CFR 229.33. For current periods out-of-use, an entry "Out-of-use from _____ to _____" shall be made on a Periodic Inspection line and certified when a locomotive which would otherwise be due for inspection is out-of-use. If the locomotive is out of use at the end of the annual reporting period, complete the "To" entry with the last day of the period. An entry shall then be made on the new Record showing the first day of the new reporting period as the "From" date.
8. **LAST PERIODIC INSPECTION:** When a new Record is placed in the locomotive transfer the last periodic inspection information into block 12 a & b and the last test information into column 24 of the new Record. Tests that are not applicable should be noted "NA".
9. **AFM CAL.:** Enter the date of the last Air Flow Method Indicator (AFM) calibration from the previous year. Enter and certify subsequent calibrations as they are done.
10. **PERIODIC INSPECTIONS:** Check 184 days *only* if the locomotive qualifies per 49 CFR 229.23(b)(1) and the railroad chooses to abide by the requirement for 33 day QMI Daily inspections, otherwise check 92 days. Persons making the required inspections shall sign and list the item codes inspected. The employee's supervisor shall certify that the inspections were completed.
11. **H&H:** Enter the test pressure for the hydrostatic air reservoir test. If the reservoirs are drilled, enter "NA" here and "Drilled" in the Hammer and Hydro line below.
12. **WAIVERS:** Any waiver applicable to this locomotive shall be entered by waiver number in block 19 if a waiver from Part 229, or block 20, if a waiver from any other regulation. Enter explanatory information regarding the scope and content of each waiver under "Remarks".
13. **TESTS:** The maximum number of days for Event Recorder, Level 2 and Level 3 air brake tests shall be entered per the referenced sections of 49 CFR 229. Where the railroad has chosen to fragment air brake clean, repair and test requirements as permitted under 49 CFR 229.29, a separate air record shall be maintained on the cab of the locomotive and the word "Fragmented" shall be entered in the Level 2 and Level 3 lines.

REPAIRS: Special notes relating to repairs performed to restore compliance.

NOISE: Enter any noise tests or related information in accordance with 49 CFR 210.31.

REMARKS: Additional explanatory or clarifying information.

Event Recorder Equipped with WABTEC TTX-REC-M5FRA 1074434
Disc Brakes and Actuator Equipped
CCBII Air Brakes System Manufactured after March 1, 2013

Public reporting burden for this collection of information is estimated to average 15 minutes per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. A federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless that collection of information displays a current OMB Number. The OMB control number for this information is 2130-0004. Anyone with comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, may send them to: Information Clearance Officer, Federal Railroad Administration, 1200 New Jersey Ave. SE, MS-25, Washington, DC 20590