

ME-114 CONSIST INSPECTION (Gold Card)

ME-114 is valid until next calendar day inspection or a consist change per L-203

Train Symbol: 260 Location: CHAU Date: 27 FEB, 24
 Loco Consist: 9906 3625 X X X X X
 Fuel Readings: _____

The following have been checked on this consist per applicable NS-1 rules (reference graphic for work path):

- 1. Confirmed calendar day inspection is completed and signed
- 2. Locomotives properly equipped with tools, supplies, ice, and water
- 3. Verified the following LCDI items: Toilet, Sand, MU Hoses/Cables, Head/Ditch Lights, Bell, Horn, Air Brake, and Alerter
- 4. Radio & HOTD tested - If prelinked, EOTD ID#: 76775 Time Tested: 0627 am/pm LOCAL
- 5. Completed: PTC Departure Test (as required) Cab Signal Departure Test (where required) Bidirectional Loading Dynamic Brake Test
- 6. DP consist: Yes No Units pre-linked per SW-L-0300: Yes Linked DP units: X X X X X
- 7. Checked ATC equipment for seals
- 8. Completed Form ME-615 for defective locomotives being towed (if applicable)
- 9. Locomotives set up properly per NS-1 L-213
- 10. Cleaned and sanitized per department instructions
- 11. Left a copy of Gold Card and DP Quick Reference (if applicable) in the cab of the lead locomotive

Name of person(s) inspecting: [REDACTED] [REDACTED] [REDACTED]



268 SS11



FORM 1043-BT (Rev. 3/04)
Item # (164056)

**REPORT OF SATISFACTORY CLASS 1 BRAKE TEST (A6) PERFORMED
REPORT OF SATISFACTORY EOTD TEST PERFORMED**

BRAKE TEST:

TRAIN 268 NO. CARS 9 DATE 2/29/24 TIME 8:59 P.M.
LOCATION Sandusky LEAKAGE 2 Psi EOTD NO. _____

ABOVE TRAIN WAS INSPECTED AND FOUND TO BE IN COMPLIANCE WITH CFR 49 PART 232 (CLASS 1 BRAKE TESTS-INITIAL TERMINAL INSPECTION) OF THE DEPARTMENT OF TRANSPORTATION'S POWER BRAKE REQUIREMENTS.

NAME OF PERSON REPORTING _____

EOTD TEST: EOTD NO. _____ (If not same as noted above, show number)

DATE _____ TIME _____ LOCATION _____

ABOVE EOTD WAS TESTED AND FOUND TO BE IN COMPLIANCE WITH CFR 49 PART 232 (INSPECTION AND TESTING OF END-OF-TRAIN DEVICES) OF THE DEPARTMENT OF TRANSPORTATION'S POWER BRAKE REQUIREMENTS.

NAME OF PERSON REPORTING _____



UNIT NUMBER TESTED

NS 9906

Cab Signal Test

Delay Time 6sec

Signature _____

Location Sandusky, OH

Date 3-1-24 Time 8:48am

LSL Test

Penalty Brake—Yes No

Signature _____

Inspected Receiver Bars

Original to stay with Locomotive. Copy to be filed at test location.



Operational Status of Dynamic Brakes

Initial	Number	Status			
		OK	Inoperative	Cut-Out	
NS	9906	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NS	3625	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Date: 3-1-24 Number of units in consist 2
 Time: 7:50am Name: _____
 Signature: _____

In accordance with 49 CFR 232.109(a), this form must be completed by the engineer going off duty and left on the lead locomotive in the consist. The completed form must indicate status of the dynamic brake of each locomotive in the consist. All previously completed forms must be removed from the consist and discarded. Any locomotive checked "Inoperative" must also be tagged in accordance with CFR 232.109(c).