

**CONRAIL**

**Locomotive, Train Air Brake and End of Train Test Report**  
(Tests performed as prescribed in 49 CFR 232.)

Location Oak Island Train Symbol 19G 3 Dep

**I. LOCOMOTIVE SERVICE TEST**

Contact \_\_\_\_\_

Test Completed: Date \_\_\_\_\_ Time \_\_\_\_\_

By \_\_\_\_\_ Occupation \_\_\_\_\_

**II. DYNAMIC BRAKE STAYING**

Locomotive Number	Axles	Call In?	Locomotive Number	Axles	Cut In?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total Dynamic Brake Axles \_\_\_\_\_ Dynamic Brakes Tagged Defective \_\_\_\_\_

**III. END-OF-TRAIN SERVICE TEST**

Head Unit Number \_\_\_\_\_ Tested: Date \_\_\_\_\_ Time \_\_\_\_\_

Person Conducting \_\_\_\_\_ Occupation \_\_\_\_\_

Location \_\_\_\_\_

Rear Unit Number \_\_\_\_\_ Tested: Date \_\_\_\_\_ Time \_\_\_\_\_

Person Conducting \_\_\_\_\_ Occupation Carman

**IV. TRAIN AIR BRAKE TEST**

Type of Test - A  Class I \_\_\_\_\_ Class II \_\_\_\_\_ Transfer \_\_\_\_\_

Brake Pipe Leakage 1 PSI Air Flow \_\_\_\_\_ CFM

Test Completed: No. of Cars 34 Date 3-1-24 Time 9<sup>10</sup>

Person Reporting Completion of Test: \_\_\_\_\_

**V. CARS WITH AIR BRAKES CUT OUT**

When a car or cars has brakes cut out or inoperative, record the following information:

1. How many cars? \_\_\_\_\_
2. Where will car(s) be repaired? \_\_\_\_\_
3. Location in train of cars with air brakes cut out or inoperative. Record current car location in column A. If cars are picked up or set out, update locations in columns B, C, and D.

A	B	C	D
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

When a Class I or Class IA brake test is required before the next crew change point, record the test location here. \_\_\_\_\_

**VI. BRAKE RELATED PROBLEMS - Describe below. If more space needed use back.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Original Certificate - Place on control stand of lead locomotive. Must remain on lead locomotive to final destination.**