

PRIVATE CAR ANNUAL INSPECTION REPORT

AMTRAK ID NO. _____ CAR NAME/NUMBER _____ DATE BUILT _____
 LUBE DATE _____ TYPE COUPLER A _____ B _____
 AB TYPE _____ C.O.T.&S. DATE - LOC. _____
 INSPECTION DATE _____ LOCATION _____
 OWNER'S NAME _____
 ADDRESS _____ PHONE NO. _____
 AMTRAK AUTHORIZED INSPECTOR NAME _____
 TITLE _____ ADDRESS _____
 COMPANY _____ BUSINESS PHONE NUMBER _____

Initial on each line denotes compliance or notes defect. Car not equipped should be marked N/A on line. Car must have defects repaired before submitting movement request.

	Initial
1. Check bearings for signs of overheating and bearing seals for leaking.	
2. Check past due roller bearing lubrication dates. *Oil - 30 Day Grease - 90 Day - AP bearing 1 year (not necessary to lube NFL).	
3. Check for defective roller bearing boxes *cracked - excessive wear or broken.	
4. Check roller bearing cap screws and lock plates/safety wire.	
5. Check pedestal jaws and liners for visible defects - *broken-loose-bent and broken weld.	
6. Check journal box stop for securement, at least one side required. *Loose or missing.	
7. Check air brake past due* COTS UC 15 months, D22-24 months, 26C 36 months, ABD ABDW 6 years, ABDG-3 years.	
8. Check brake pipe hose A&B end *8 years old overdue or damaged.	
9. Check main reservoir hoses A&B ends. *Eight years old overdue or damaged.	
10. Inspect, test hand brake for proper operation and stencil date and location tested.	

	Initial
<p>11. Visually inspect under car equipment. *Equipment securement, loose pipes, frayed wires, etc.</p>	
<p>12. Visual inspection of equalizers, shock absorbers, swing hangers, springs, truck frames and spring planks for unusual wear or defective conditions. *Cracked, broken collapsed springs, shiny/rubbing area, loose bolsters anchor rods.</p>	
<p>13. Visual inspection of axles and brake discs for defects. Check spicer drive unit for proper amount of lubrication (dip stick level). Inspect drive shaft clutch and spicer. *Loose/cracked discs, loose bolts, check play in universal joints and grease. Cracked disc comply with Amtrak Drawing No. A-007087.</p>	
<p>14. Check brake shoes to ensure adequate service and in alignment and proper application. 1/4" Amtrak standard on disc pads. 3/4" on tread shoes.</p>	
<p>15. Steam connector removed and remaining pipe properly secured.</p>	
<p>16. Visual inspection of couplers and components. Check operating rod clearance, *maximum height 35", preferred height 34 1/2", minimum height 34". *Worn knuckles, loose carrier iron bolts, broken springs.</p>	
<p>17. Inspect and check operation of diaphragm, buffer, suspension rods, springs A&B ends. *Buffer height or adapter is 53" from top of rail.</p>	
<p>18. Check slack adjuster, brake rigging, bushings, brake cylinders and brake heads. *Loose bolts, pins and worn bushings.</p>	
<p>19. Check sill steps, hand holds and other safety appliances for compliance with FRA/AAR Safety Appliance Standards. *Hand holds must have minimum clearance of 2".</p>	
<p>20. Amtrak ID number on left and right side B-end or blind end, Amtrak Drawing A-002-5079.</p>	
<p>21. Marker light FRA approved 49CFR Part 221, rear end marking device with battery back up source. Batteries should be self-contained for back up source. Water tight container.</p>	
<p>22. Inspect all 480 cables for defects and deterioration in the insulation. *Debris damage cracking or fraying of insulation. Inspect conduit over trucks for securement.</p>	

	Initial
23. Check call bell A&B end for proper operation.	
24. Car equipped with MU control lines. Yes ___ No ___	
25. Verify that PC5 Clearance Form when last filed the exterior measurements have not changed. Yes ___ No ___	
26. Gauge all wheels and record dimensions in 16th or 64ths. Inspect for other defects.	

WHEEL NO.	RIM THICKNESS	FLANGE HEIGHT	FLANGE THICKNESS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

*Note the star items are only a suggested defect list and not complete.

I certify each item on the PC form was inspected by me and found in compliance.

Inspector Signature _____

Date of Inspection _____