



The Kansas City Southern Railway Company  
Gateway Western Railway Company



**LOCOMOTIVE MALFUNCTION REPORT**  
(WORK REPORT)

ANY MALFUNCTION RESULTING IN  
REDUCED SPEED OR TRAIN-DELAY MUST  
BE REPORTED TO DISPATCHER  
DAILY INSPECTION REPORT ON REVERSE SIDE

LOCOMOTIVE NO.  LEAD  TRAIL  SINGLE

TRAIN NO. DATE:

ENGINEER

**MALFUNCTION OCCURRED WHILE:**

- MOVING AT \_\_\_\_\_ MPH  FORWARD  
 NOT MOVING  REVERSE

- POWER IN # \_\_\_\_\_ THROTTLE  
 DYNAMIC  
 IDLE

**SAFETY APPLIANCES**

- LEFT  FRONT  
 RIGHT  REAR  
 PIN LIFT  STEPS  
 HAND RAIL

**MECHANICAL MALFUNCTION      ELECTRICAL MALFUNCTION      AIR EQUIPMENT MALFUNCTION**

**ENGINE**

**SYSTEM:**  
 FUEL  
 COOLING  
 LUBE OIL  
 GOVERNOR

**MALFUNCTION:**  
 LOW FLUID LEVEL  
 LOW PRESSURE  
 NO PRESSURE  
 LEAK (Specify Location in Remarks)

**EXHAUST CONDITION:**  
 CLEAR  BLACK  
 WHITE  OILY

**PROTECTION DEVICE TRIPPED:**  
 LOW OIL  
 LOW WATER  
 CRANKCASE OVER-PRESSURE  
 OVERSPEED

**INDICATOR LIGHTS**

GROUND RELAY  INTERMITTENT  
 WHEEL SLIP  CONTINUOUS  
 BRAKE WARNING  DURING TRANSITION  
 HOT ENGINE  
 NO POWER / NO BATTERY CHARGE  
 OTHER \_\_\_\_\_

**AIR BRAKE**

**INDEPENDENT:**  
 SLOW APPLICATION  
 SLOW RELEASE  
 TOO HIGH PSI  
 TOO LOW PSI

**GAUGES:**  
 MR-ER  BP-BC  
 AIR FLOW  
 INACCURATE  
 INOPERATIVE  
 STICKS

**TRUCKS**

**WHEELS: (Specify location in remarks)**  
 OVERHEATED  OTHER \_\_\_\_\_  
 FLAT SPOTS \_\_\_\_\_  
 SHELLD \_\_\_\_\_

**TRACTION MOTORS**

OVERHEATED  #1  #4  
 SPARKS  #2  #5  
 COVER MISSING  #3  #6  
 OTHER \_\_\_\_\_

**AUTOMATIC:**  
 WON'T ACTUATE  
 SLOW TO CHARGE  
 BLOW AT VALVE  
 WON'T MAINTAIN

**OTHER AIR BRAKE:**  
 PCS WON'T RESET  
 EQ RES. LEAK  
 TRUCK CUT OUT  
 #1  #2

**BEARINGS OVERHEATED (Specify location in remarks)**  
 JOURNAL  
 MOTOR SUPPORT  
 TRACTION MOTOR ARMATURE

**LOCATION:**  
 LEFT  RIGHT  
 #1  #2  #3  #4  #5  #6

**DYNAMIC BRAKE**

INOPERATIVE  FLUCTUATES  
 OTHER \_\_\_\_\_

**AIR COMPRESSOR**

RELIEF VALVE BLOWING/POPPING  
 CUT IN PSI WRONG  
 CUT OUT PSI WRONG  
 WON'T PUMP

MAIN RESERVOIR  
 AIR COMPRESSOR  
 INTERCOOLER  
 TOO HIGH PSI  
 TOO LOW PSI  
 WON'T SHUT OFF

**LOAD METER AMPS**

TOO LOW  
 TOO HIGH  
 NONE  
 FLUCTUATES

**FUSE BLOWS**

AUX. GENERATOR  
 STARTING  
 OTHER \_\_\_\_\_

**AUXILIARY AIR DEVICES**

SANDERS  SHUTTERS  
 BELL  DRAIN VALVES  
 WIPERS  OTHER \_\_\_\_\_  
 HORN \_\_\_\_\_

**CIRCUIT BREAKER TRIPS**

CONTROL  LOCAL CONTROL  
 FUEL PUMP  OTHER \_\_\_\_\_

**LEAKS**

FUEL OIL  EXHAUST  
 LUBE OIL  ENGINE COOLING WATER

**CAB EQUIPMENT MALFUNCTION**

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| <b>RADIO:</b><br><input type="checkbox"/> WON'T RECEIVE<br><input type="checkbox"/> WON'T TRANSMIT<br><input type="checkbox"/> DAMAGED<br><input type="checkbox"/> MISSING | <b>TOILET:</b><br><input type="checkbox"/> INOPERATIVE<br><input type="checkbox"/> OFFENSIVE ODOR<br><input type="checkbox"/> DIRTY<br><input type="checkbox"/> SUPPLY TOILET PAPER | <b>DRINKING WATER:</b><br><input type="checkbox"/> NO ICE CHEST<br><input type="checkbox"/> DIRTY OR DAMAGED<br><b>ALERTNESS DEVICE:</b><br><input type="checkbox"/> IMPROPER OPERATION<br><input type="checkbox"/> NO LOCK/SEAL | <b>CAB HEATER:</b><br><input type="checkbox"/> INOPERATIVE<br><b>CAB INTERIOR:</b><br><input type="checkbox"/> DIRTY<br><input type="checkbox"/> EXCESSIVE NOISE | <b>REAR OF TRAIN DEVICE:</b><br>TRANSMITTER NO. _____<br><input type="checkbox"/> INOPERATIVE<br><input type="checkbox"/> EXCESSIVE RADIO BREAKS | <b>SPEED INDICATOR:</b><br><input type="checkbox"/> INOPERATIVE<br><input type="checkbox"/> INACCURATE<br><input type="checkbox"/> ENGINEER<br><input type="checkbox"/> CREW |
|--|---|--|--|--|--|

**REMARKS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# LOCOMOTIVE INSPECTION REPORT



EACH LOCOMOTIVE IN USE SHALL BE INSPECTED AT LEAST ONCE EACH DAY IN ACCORDANCE WITH FRA RULE 229.21 "DAILY INSPECTION" OF THE RAILROAD LOCOMOTIVE SAFETY STANDARDS AND LOCOMOTIVE INSPECTION RULES.

|   |           | LOCOMOTIVE   |        |
|---|-----------|--|--------|
|   |           | INITIALS   | NUMBER |
| INSPECTED AT:                           | TIME      | DATE   |        |
|   | A.M. P.M. |  |        |
| REPAIRS NEEDED                          |           | SIGNATURE OF PERSON MAKING REPAIRS   |        |
|   |           |  |        |
|   |           |  |        |
|   |           |  |        |
|   |           |  |        |
|   |           |  |        |
|   |           |  |        |
|   |           |  |        |
| SIGNATURE OF EMPLOYEE MAKING INSPECTION |           | SIGNATURE OF SUPERVISOR INDICATING WORK HAS BEEN PERFORMED EXCEPT AS NOTED, AND REPORT IS APPROVED |        |
|   |           |  |        |

### DAILY INSPECTION FACSIMILIE OF FORM 1277

#### ABRIDGEMENT OF AIR BRAKE AND TRAIN HANDLING RULES:

EVERY LOCOMOTIVE IN USE MUST BE INSPECTED AT LEAST ONCE DURING EACH CALENDAR DAY. A CALENDAR DAY IS ANYTIME BETWEEN MIDNIGHT OF DAY ONE TO MIDNIGHT OF DAY TWO. A WRITTEN REPORT OF THE INSPECTION SHALL BE MADE ON FORM 1277 OR A FACSIMILIE OF THAT FORM. LOCOMOTIVE ENGINEERS ARE CONSIDERED QUALIFIED TO MAKE THE INSPECTION AND WILL SIGN THEIR NAME IN THE COLUMN "SIGNATURE OF PERSON MAKING REPAIRS" IF THEY MAKE THE REPAIRS.

IF THE INSPECTION REVEALS A DEFECT WHICH WILL REQUIRE CORRECTION BEFORE THE LOCOMOTIVE IS USED AND CANNOT BE CORRECTED, THIS FACT MUST BE IMMEDIATELY REPORTED TO THE TRAIN DISPATCHER OR MECHANICAL PERSONNEL IN ORDER FOR NECESSARY REPAIRS TO BE ARRANGED.

INSPECTION REPORT SHALL BE FILED AND RETAINED AT THE TERMINAL TO WHICH THE LOCOMOTIVE IS ASSIGNED FOR MAINTENANCE. LOCOMOTIVE ENGINEERS SHALL RETURN THE FORM TO A DESIGNATED LOCATION FOR FURTHER DISTRIBUTION TO MAINTENANCE POINT OF LOCOMOTIVE.