AMTRAK®

Maintenance Analysis Program
Equipment Condition Report – MAP 100

Train Number:	Locomotive Number:	Position in Consist:

Use Separate Report for Each Unit in Consist. Each locomotive unit, self-propelled car and turboliner shall be inspected in accordance with CFR Title 49 Part 229.21, and 236.587, and MAP 101 must be signed.

Signature of **Employee** making daily mechanical inspections.	Occupation	Place	Date	Time

Seal Numbers

Train Control Cutout Cock:	Speedometer Overspeed:
Alertor Cutout Cock:	Speed Control Switch:
ACSES Cutout Cock:	ATC Switch:
Car Door Override Switch:	Event Recorder:

Cab Signal / IITS Test / ACSES Test

AMTRAK BN/SF (IITS)

F End: _____ R End: _____

C.S./ IITS **Departure** Test	C.S. **Daily Or After Trip** Test	☐ Receiver bars OK
ACSES **Departure** Test	ACSES **Daily or After Trip** Test	☐ Penalty warning less than 8 sec.

Signature of **Employee** making C.S./ IITS Test	Occupation	Place	Date	Time

Locomotive Calendar Day Air Brake Test:

F End: R End:

Signature of **Employee** making air test.	Occupation	Place	Date	Time
Signature of **Supervisor** approving unit for service and all work above.	Occupation	Place	Date	Time

Condition of Equipment

Speed Indicator:	Crossing Bell:
H.E.P./M.A.:	Horn:
Dynamic Braking:	Cab Signals:
Brakes & Rigging:	Speed Control:
Radio:	Deadman/Alertor:
Sanders:	Wipers:
Brake Pipe Pressure: PSI:	Main Reservoir Pressure: PSI:
Radio Serial Number: F End:	R End:

Failures Enroute	Engr. Init.	Repaired by

The above work has been performed, except as noted, the report is approved, and this unit is available for service.

Signature of Locomotive Engineer	Location	Date	Time

Use Reverse Side for additional comments or details

Instructions: Complete form, obtain signatures and make one copy. Original is to be retained in the Locomotive Cab and the copy is to be retained at the location performing the inspection.

NRPC 2947 (10/07) template

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