

MONTREAL, MAINE & ATLANTIC RAILWAY

| | |
|--------|----------------|
| Unit # | <i>21</i> |
| Date: | <i>1-13-11</i> |

Lube Maintenance

For items 34 – 37, mark with a “Check Mark” if everything is okay and with an “X” if defects are found. If AC Traction Motors, record the number of quarts added in the blocks for Task # 35 below. Record all defects and repairs on the defect portion on the front page of this form.

| | TM1 | TM2 | TM3 | TM4 | TM5 | TM6 |
|--|-----------|-----------|-----------|-----------|-----|-----|
| Inspect & Lubricate All Traction Motors | | | | | | |
| 35. Condition of Gear Case Gears | <i>OK</i> | <i>OK</i> | <i>OK</i> | <i>OK</i> | | |
| 36. Lube Gear Cases, Supports & Journals | <i>OK</i> | <i>OK</i> | <i>OK</i> | <i>OK</i> | | |
| 37. Top and Bottom Fill Caps | <i>OK</i> | <i>OK</i> | <i>OK</i> | <i>OK</i> | | |
| 38. Motor Support, Gear Case & Wick Bolts | <i>OK</i> | <i>OK</i> | <i>OK</i> | <i>OK</i> | | |

39. Engine and Air Compressor Oil Samples
 40. Engine Cooling Water Sample

Samples Taken By: _____

Lube Completed By: *M. Coiley*

Seal on 3727 OFF 3720

I certify that all required inspection items have been completed and all noted defects have been repaired or deemed serviceable by my authority.

Supervisor: _____

MONTREAL, MAINE & ATLANTIC RAILWAY
Universal Locomotive Inspection and Maintenance Report Form 1277

| | | | |
|-----------------------------|--|-------------------------------------|---|
| 1. Location <i>Derby</i> | 2. Date and Time <i>1-13-11 10:00</i> | Last Federal Date <i>1-13-11</i> | 4. Unit Initial and Number <i>MMA 21</i> |
|-----------------------------|--|-------------------------------------|---|

| Inspection Items | OK | DEF | N/A |
|--|-------------------------------------|-------------------------------------|-----|
| 05. Engine Lube Oil Level | | <input checked="" type="checkbox"/> | |
| 06. Governor Oil Level | <input checked="" type="checkbox"/> | | |
| 07. Air Compressor Oil Level | <input checked="" type="checkbox"/> | | |
| 08. Cooling System Level & Color | | <input checked="" type="checkbox"/> | |
| Work Completed By: | | | |
| 09. Water, Oil Exhaust, or Fuel Leaks | <input checked="" type="checkbox"/> | | |
| 10. Steps, Walkways, Doors & Hinges | <input checked="" type="checkbox"/> | | |
| 11. Handbrake | <input checked="" type="checkbox"/> | | |
| 12. Fire Extinguisher Less Than 1 Year Old | <input checked="" type="checkbox"/> | | |
| 13. Guards, Protective Covers & Stencils | <input checked="" type="checkbox"/> | | |
| 14. Horn, Bell and Wiper Operation | <input checked="" type="checkbox"/> | | |
| 15. Speed Indicator & Seal | <input checked="" type="checkbox"/> | | |
| Work Completed By: | | | |
| 16. Clean & Service Toilet & Restroom | | <input checked="" type="checkbox"/> | |
| Work Completed By: | | | |
| 17. Clean Cab & Remove Trash & Graffiti | <input checked="" type="checkbox"/> | | |
| Work Completed By: | | | |
| 18. Sandbox Level Within 10" of Full | <input checked="" type="checkbox"/> | | |
| Work Completed By: <i>M. Corley</i> | | | |

| Inspection Items | OK | DEF | N/A |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| 19. Trucks, Underframe & Side Bearings | <input checked="" type="checkbox"/> | | |
| 20. Wheels, Traction Motors & Air Ducts | | <input checked="" type="checkbox"/> | |
| 21. Sanders, Alignment, Nozzles, Hoses & Operation | <input checked="" type="checkbox"/> | | |
| 22. Main Reservoir & All Air Blowdown Drains | <input checked="" type="checkbox"/> | | |
| 23. Inspect MU Cut - Out Cocks, MU Cradle Holders | | <input checked="" type="checkbox"/> | |
| 24. Retention Tank Less Than Half Full | <input checked="" type="checkbox"/> | | |
| 25. Inspect Flange Lubricators | | | <input checked="" type="checkbox"/> |
| Work Completed By: | | | |
| 26. Brake Shoes & Rigging | <input checked="" type="checkbox"/> | | |
| Work Completed By: | | | |
| 27. Fuel Cap, Gauge & Vent Line | <input checked="" type="checkbox"/> | | |
| 28. Fuel Quantity (Gallons) <i>full</i> | | <input checked="" type="checkbox"/> | |
| Work Completed By: | | | |
| 29. Check Operation of Heater/Air Conditioner | <input checked="" type="checkbox"/> | | |
| 30. All Exterior & Interior Lights | <input checked="" type="checkbox"/> | | |
| Work Completed By: | | | |
| 31. Check Reverser Handle Interlock | <input checked="" type="checkbox"/> | | |
| 32. Indicators, Annunciators & DID Panel | | | <input checked="" type="checkbox"/> |
| 33. Radio Transmits & Receives Clearly | <input checked="" type="checkbox"/> | | |
| 34. Record FOT Calibration Date: <i>9 dec 2010</i> | | <input checked="" type="checkbox"/> | |
| Work Completed By: | | | |

Defects Found During Inspections

| Item # | Description of Defect | Description of Repair | Repaired By |
|-----------|--------------------------|------------------------|-----------------------------|
| <i>20</i> | <i>#4 wheels 5-22</i> | <i>cut flanges</i> | <i>McCarthy & Black</i> |
| <i>23</i> | <i>no cradels</i> | <i>added</i> | <i>M. Corley</i> |
| <i>34</i> | <i>no date on CDU</i> | <i>added CDU</i> | <i>M. Corley</i> |
| <i>16</i> | <i>Toilet empty</i> | <i>added fluid</i> | <i>M. Corley</i> |
| <i>8</i> | <i>no color in water</i> | <i>added treatment</i> | <i>M. Corley</i> |
| <i>05</i> | <i>Lube oil low</i> | <i>added 3"</i> | <i>M. Corley</i> |
| <i>28</i> | <i>Full 400 gal Low</i> | <i>added fuel</i> | <i>M. Corley</i> |

I certify that all required inspection items have been completed and all noted defects have been repaired or deemed serviceable by my authority.

Signature: _____