



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

F End: _____

R End: _____

BN/SF (IITS)

C.S./ IITS Departure Test C.S. Daily Or After Trip Test
ACSES Departure Test ACSES Daily or After Trip Test
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.