

POWER UNIT PREVENTIVE MAINTENANCE USAGE FORM



Codes:

Meets Required Standards
 Needs Repair?
 # of Quarts, if Added
 Not Required on this Equipment

Mile or Hour Readings	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
CHECK OR DO																																
Ladder(s)																																
Hand holds																																
Fire extinguisher																																
Air Brake Hoses																																
control hoses, MU cables																																
Locomotive engine oil level																																
Compressor oil level																																
Gear Box oil level (weekly)																																
Engine coolant level																																
Hand Brake test(s)																																
Engine protective devices																																
Oil, air fuel cleaners and filters																																
Couplers & knuckles																																
Wheels																																
Sanders, Brake Rigging																																
Truck components																																
Fuel tank/ oil tank																																
Sand box level																																
Headlight/other lights																																
Locomotive Brakes																																
Horn, Bell, & Wipers																																
Generator Oil & Water Levels																																
Air, Oil, Water leaks																																
Cab & engine compartment																																
Radio check																																
Speed/ event indicator (when applicable)																																
D.E.F.																																
PED decal installed																																
Operator's / Mechanic's Initials →																																

- DAILY - (PRIOR TO SCHED. MVIC OPERATION)

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SPECIAL PROBLEMS						
DATE	PROBLEM (Repairs Needed, etc.)	SERVICE STATUS			ACTION TAKEN	REPAIR DATE
		INITIALS	IN	OUT		
SERVICING COMPLETED						
DATE	ITEMS USED (OIL, FILTERS, etc.)	AMOUNT (Qts, No, etc.)	ITEM TYPE (10-W-30, etc.)	SERVICED BY	EMPLOYEE SIGNATURE	

SUPERVISOR SIGNATURE: _____ DATE: _____
 Equipment: **NRVE 500** 7 Month / Year: 1 / per

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SERVICING COMPLETED

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SUPERVISOR SIGNATURE: _____ DATE: _____

Equipment: NRVE 500 8 Month / Year: 1 / 2021

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