



PC-1A
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Includes PC -1

Private Car DATA

(Please Print)

Amtrak Car Number	Car Name/Number	Inspection Date	Location
Car Type	Year Built	Amtrak Authorized Inspector	Phone Number

Owner's Name	Phone Number		
Address	City	State	Zip Code

Last PC - 1 Date	PC - 1 Location
PC - 2 Date	PC - 2 Location
Last PC - 2A Date	PC - 2A Location
Maximum Speed	Amtrak Clearance Restriction (Check or Circle One) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> PB (Prohibited) <input type="checkbox"/> ND (No Data)
Air Brake Type	Relay Valve Type
COT & S Date	COT & S Location
COT & S Performed By	

Check or Answer Every Item:					
480 Equipped - A-End - Left Side	<input type="checkbox"/> Yes	<input type="checkbox"/> No	480 Equipped - B-End - Left Side	<input type="checkbox"/> Yes	<input type="checkbox"/> No
480 Equipped - A-End - Right Side	<input type="checkbox"/> Yes	<input type="checkbox"/> No	480 Equipped - B-End - Right Side	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Communications Jumper - A-End	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Communications Jumper - B-End	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diaphragm - A-End - Amfleet	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diaphragm - B-End - Amfleet	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diaphragm - A-End - Superliner	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diaphragm - B-End - Superliner	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diaphragm - A-End - Tube Style	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diaphragm - B-End - Tube Style	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vestibule - A-End	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vestibule - B-End	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blind End - A-End	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Blind End - B-End	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Open Platform - A-End	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Open Platform - B-End	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Round Observation - A-End	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Round Observation - B-End	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FRA Markers - A-End	<input type="checkbox"/> Yes	<input type="checkbox"/> No	FRA Markers - B-End	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Self Contained Electrical Supply	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Propane	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Main Reservoir Train Line Pipe	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NFL Bearings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disc Brakes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Grease Lube Bearings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tread Brakes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Oil Lube Bearings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MU Loco Control Trainline	<input type="checkbox"/> Yes	<input type="checkbox"/> No	All Wheels Wrought Steel	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inside Journal Bearings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	AP Bearing Locking Plate Data Present	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of Operative Brakes					

Complete this form at each annual inspection and send with PC - 1 form. All items must be answered.