



# Private Car Axle and Wheel Periodic Ultrasonic Test Results

(Per Paragraphs 12.19 and 12.20 of SMP 28603)

PC - 7
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(Please Print)

Private Car Number	Car Name	Inspector Signature	Date
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### Axle Inspections

Axle Position	Axle Serial Number <small>(use "N/A" if Unknown)</small>	Wheelset Serial Number <small>(use "N/A" if Unknown)</small>	Is Wheelset from AAR Shop?		Date Wheelset Installed on Car	Location Where Testing Performed	Date of Ultrasonic Testing	Company Performing UT Inspection	Comments and Nonconformance Disposition
			Yes	No					
1			<input type="checkbox"/>	<input type="checkbox"/>					
2			<input type="checkbox"/>	<input type="checkbox"/>					
3			<input type="checkbox"/>	<input type="checkbox"/>					
4			<input type="checkbox"/>	<input type="checkbox"/>					
5			<input type="checkbox"/>	<input type="checkbox"/>					
6			<input type="checkbox"/>	<input type="checkbox"/>					

### Wheel Inspections

Wheel Position	Wheel Serial Number <small>(use "N/A" if Unknown)</small>	Wheelset Serial Number <small>(use "N/A" if Unknown)</small>	Is Wheelset from AAR Shop?		Date Wheelset Installed on Car	Location Where Testing Performed	Date of Ultrasonic Testing	Company Performing UT Inspection	Comments and Nonconformance Disposition
			Yes	No					
L1			<input type="checkbox"/>	<input type="checkbox"/>					
R1			<input type="checkbox"/>	<input type="checkbox"/>					
L2			<input type="checkbox"/>	<input type="checkbox"/>					
R2			<input type="checkbox"/>	<input type="checkbox"/>					
L3			<input type="checkbox"/>	<input type="checkbox"/>					
R3			<input type="checkbox"/>	<input type="checkbox"/>					
L4			<input type="checkbox"/>	<input type="checkbox"/>					
R4			<input type="checkbox"/>	<input type="checkbox"/>					
L5			<input type="checkbox"/>	<input type="checkbox"/>					
R5			<input type="checkbox"/>	<input type="checkbox"/>					
L6			<input type="checkbox"/>	<input type="checkbox"/>					
R6			<input type="checkbox"/>	<input type="checkbox"/>					