

To:

REPORT OF HOT AXLEBOXES

Dealt with at

station/depot on

date

CARRIAGE STOCK	No:	Type:	Set/Unit	Region:
	No.:	Type:	Carrying Capacity: tons.	G R Plate Details: Build Date:
FREIGHT STOCK	Owner (if private):			
	Repairer:			
	Labelled from		to	
TRAIN	*Pass./Freight from		to	
			Delay:	

Where stopped or detached from train:

Wheel position per Regional instruction:	Nature & condition of load:		*Empty
Size & type of Axleboxes:	Type of lubrication & condition of pad:		
Type & condition of bearing and metalling details:	Condition of journal & journal marking:		
Condition of Oil:	Condition of other boxes:	Bearing *Replaced/Retained	Condition of other axlebox details
Last oiling Date: Depot:	Last pad-exam. Date: Depot:	Last lifted Date: Depot:	Condition of dust shield
How vehicle dealt with:	Name of Traffic Official advised		Load Transhipped *Yes/No

CAUSE OF HEATING:

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Signed

**Delete if not applicable*

Date: