

REPORT OF BRAKE IRREGULARITY

To:

Station/Depot
Region

Point where irregularity occurred:

Train	Time	From	To	Date	Delay mins.	No. of veh on train	Brake	Air brake type
							*Air Vacuum	*D&M/ W'house

If vehicle(s) at fault, state:— No: Type: Unit/Set: Position on train:

E.P.: *operative/inoperative Last brake overhaul date: Loaded from (freight): Distributor number:

If Locomotive at fault, state:— Loco No: Driven from Cab No: *1 / 2	With loco isolated from train and driver's brake handle in 'running' position:— * Vacuum brake pipe reading on Test Gaugeins. * Main Reservoir Pressure on driver's gaugelbs./sq. in.	* Leak disc test/s satisfactory YES / NO * Brake Pipe Pressure on driver's gaugelbs./sq. in.
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Full particulars of irregularity:

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Any additional observations:—

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Signed: * Delete if not applicable Date: