

SCHEDULED MAINTENANCE & COMPONENT CHANGE OUT REPORT SHEET

WAGON NUMBER: _____ DATE: _____

Work Order Number: _____

ORIGINAL

REPLACEMENT

BOGIE TYPE & SERIAL No.

BOGIE TYPE & SERIAL No.

No. 1 WHEELSET (OUT)

No. 1 WHEELSET (IN)

No. 1 AXLE NO. (OUT)

No. 1 AXLE NO. (IN)

NO. 2 WHEELSET (OUT)

No. 2 WHEELSET (IN)

No. 2 AXLE NO. (OUT)

No. 2 AXLE NO. (IN)

Triple/Distributor Valve. (OUT)

Triple/Distributor Valve. (IN)

Other Components

Description

Serial number (OUT)

Serial number (IN)

Comments

Supervised / Checked By: _____

Date: _____

*This Form MUST be completed and faxed to the Train Operations Unit:
 Fax 02-9782 1041 (Internal 3 1041)*