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| Location: |  |

Tests to be carried out in accordance with equipment manuals

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| Trainstop No. | Gauged | Safety Latch | Contact Adjusted |  | Trainstop No. | Gauged | Safety Latch | Contact Adjusted |
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| Remarks: |
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| Team Leader: |  | Received/Checked/Actioned By: |
| Name: |  |  | Name: |  |
| Signature: |  | Date: |  |  | Signature: |  | Date: |  |