

**AAR Manual of Standards and Recommended Practices
Specifications for Tank Cars**

M-1002

APPENDIX B



**ASSOCIATION OF
AMERICAN RAILROADS**

Exhibit B-1 SUBCONTRACTOR EVALUATION SHEET

Each tank car facility shall complete this form for each subcontracted product, service, and/or equipment, subject to the limitations in Appendix B paragraph 3.4.1. The facility must evaluate each subcontractor in accordance with with Specification M-1003, Chapter 2, paragraph 2.9; and document the verification method and the results of each subcontractor assessment, including objective evidence. The facility must retain a copy of this form in accordance with Chapter 1. A tank car facility cannot subcontract an activity. Per Appendix B paragraph 3.4.3, Exhibit B-1 forms are valid for one year from the attest date.

Part 1: Subcontractor

1. Company Name: *MULTI-SERVICE SUPPLY DIVISION*
 2. Address: *BUILDING 5 AVE. COFFMAN ST* 3. City: *LEETSDALE*
 4. State/Province: *PA* 5. Zip/Postal Code: *15056* 6. Country: *USA*

Part 2: Primary Subcontractor Contact

7. Name: *PAUL BITNER* 8. Title: *VICE PRESIDENT*
 9. Office Phone: *412-741-1500* 10. Cell Phone: 11. Fax: *412-741-3320*
 12. Email Address: *P.BITNER@MULTISERVICE SUPPLY.COM*

Part 3: Subcontracted Product, Service, or Equipment

Per Appendix B paragraph a tank car facility can subcontract only those products, services, and/or equipment listed in paragraph 3.4.1. Provided in this section are those products, services, or equipment.

13. Select One of the following:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Interior Coating Inspector per Appendix L | <input type="checkbox"/> Interior Lining Inspector per Appendix L |
| <input type="checkbox"/> Welding Inspector per Appendix W | <input type="checkbox"/> NDT Personnel (level I, II, and III) per Appendix T |
| <input type="checkbox"/> LPWHT per Appendix R | <input type="checkbox"/> Hardness Testing per Appendix W |
| <input type="checkbox"/> Measure and Test Equipment Calibration | <input type="checkbox"/> Internal QA M-1003 Audits |
| <input type="checkbox"/> Engineering Services | <input type="checkbox"/> Metallurgical or Physical Lab Services |
| <input checked="" type="checkbox"/> Any Component(s) for Service Equipment Category F, V, S, or I (applicable to only C4a, C4m, C5, and C12) | |
| <input type="checkbox"/> Manufacture of tank car tank components per paragraph 3.1.5.1 (applicable only to A19, B24 and B82) | |

14. Identify the verification method used to assess the subcontractor: *AAR M-1003 CERTIFICATION*

15. Attach the assessment results, including objective evidence. *AAR/TTCI RECENT CRT/ SINGLE CRT*

Part 4: Attest by Facility Representative

The facility representative shall attest that all information provided in this Exhibit B-1 is accurate and the subcontracting requirements have been completed in accordance with Appendix B paragraph 3.4.

16. Facility Name: *SAME AS ABOVE* 17. Facility Station Stencil: *MSSL*
 18. Facility Contact Name: *JERRY KIMMERLE* 19. Title: *DIRECTOR QUALITY ASSURANCE*
 20. Address: *SAME* 21. City: *SAME*
 22. State/Province: *SAME* 23. Zip/Postal Code: *SAME* 24. Country: *SAME*
 25. Office Phone: *SAME* 26. Cell Phone: 27. Fax: *SAME*
 28. Email Address: *J.KIMMERLE@MULTISERVICE SUPPLY.COM*
 29. Signature (Attesting): *[Signature]*
 30. Attest Date (MM/DD/YYYY) 31. Date of Expiration (MM/DD/YYYY):

ASSOCIATION OF AMERICAN RAILROADS
QUALITY ASSURANCE PROGRAM CERTIFICATION



THIS CONFIRMS THAT

Multi-Service Supply Division - Leetsdale

HAS MET THE REQUIREMENTS OF THE ASSOCIATION OF AMERICAN RAILROADS
QUALITY ASSURANCE PROGRAM AS SPECIFIED IN M-1003

CERTIFICATE NUMBER: MSS

LOCATION: Leetsdale, PA

PRODUCT/SERVICE: B31 - Freight Air Brake Repair Facility B32 - Locomotive Air Brake Repair Facility

CERTIFICATION DATE: 10/20/2019

EXPIRATION DATE: 10/20/2022

APPROVED:

Michael Hoppe

(Executive Director Rules and Standards)

APPROVED:

Adrian Morgan

(Chairman, Quality Assurance Committee)

MULTI-SERVICE SUPPLY
LEETSDALE, PA 15056-1384
PHONE: (412) 741-1500
FAX: (412) 741-3320

CERTIFICATE OF QUARTERLY TEST

CUSTOMER: _____
LOCATION: _____

- 1) Single car test device
_____ WABCO TYPE ID# _____ Test Date _____
_____ NYAB TYPE
_____ RETROFITTED WITH BRAKE CYLINDER TAP FITTING
_____ NOT RETROFITTED
_____ UPDATED PER AAR CIRCULAR LETTER C-11956
- 2) _____ Daily test coupling ID# _____ Test Date _____
- 3) _____ Brake cylinder test (tap) gage ID# _____ Test Date _____

Please be advised that a quarterly test on your device(s), was performed as required per AAR Standard S-486 (Section 5.0), latest revision.

- 4) _____ Brakeman test gage (+/- 3 PSI) ID# _____ Test Date _____

The device(s) was tested on our test rack #SC-1 and calibrated against our master gage number 000A during the course of the test by qualified technicians.

Any correction for unsatisfactory results to the device would be repaired or replaced during the reconditioning process.

The Master Gage is calibrated annually against our "Aston Dead Weight Tester", serial number 2521, which is traceable to the N.I.S.T. All calibrations are traceable to the following N.I.S.T. numbers: 555908-1

Remember to remove all tape before performing the initial daily test and continue to keep device protected

The next calibration due date is 92 days from date the user puts the device into service. No device may remain in service past one year from the last quarterly test date.

Remember to perform daily test and record.

Sincerely,

Gerald L. Kimmerle

Gerald L. Kimmerle
Director of QA
Form Date 06/9/2021