

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

# INSPECTION REPORT

OMB Approval No.: 2130-0509

|   |     |     |            |   |                           |                     |  |                             |       |   |                |                                |      |  |
|---|-----|-----|------------|---|---------------------------|---------------------|--|-----------------------------|-------|---|----------------|--------------------------------|------|--|
| Inspector's Name<br>Jackson, Dave                       |     |     |            | Inspector's Signature                   |                           |                     |  | Inspector's ID No.<br>M3003 |       | Report No.<br>175   |                | Date<br>yy mm dd<br>2022 11 28 |      |  |
| Railroad/Company Name & Address<br>BNSF RAILWAY COMPANY |     |     |            |   |                           | R/C<br>R            |  | Division<br>SYSTEM          |       | RR/Co. Representative (Receipt Acknowledged)<br>Name Matthew Krick<br>Title Mechanical Foreman<br>Email matthew.krick@bnsf.com<br>Signature _____ |                |                                |      |  |
|   |     |     |            |   |                           | RR/Co. Code<br>BNSF |  | Subdivision<br>SYSTEM       |       |   |                |                                |      |  |
|   |     |     |            |   |                           |                     |  |                             |       |   |                |                                |      |  |
| From: City ACTON  |     |     | Codes 0004 |   | Destination City & County |                     |  |                             | Codes |   | From Latitude  |                                |      |  |
| State MT  |     |     | 30         |   | City                      |                     |  |                             |       |   | From Longitude |                                |      |  |
| County YELLOWSTONE                                      |     |     | C111       |   | County                    |                     |  |                             |       |   | To Latitude    |                                |      |  |
| Mile Post: From To                                      |     |     |            | Inspection Point ACTON MAIN LINE SIDING |                           |                     |  |                             |       | To Longitude  |                |                                |      |  |
| Activity Code:  | 215 | 224 | 229D       | 231                                     | 232                       | 232X                |  |                             |       |   |                |                                | CARS |  |
| Units:  | 60  | 62  | 2          | 62                                      | 60                        | 1                   |  |                             |       |   |                |                                | 60   |  |
| Sub Units:  | 0   | 0   | 0          | 0                                       | 0                         | 1                   |  |                             |       |   |                |                                | 0    |  |

| Item  | Initials/Milepost | Equipment/Track # | Type/Kind    | 49 CFR/USC | Defect | Subrule              | Speed | Class | Train #/Site      | SNFR* | RCL**             | # of Occ.*** | Activity Code |
|---|-------------------|-------------------|--------------|------------|--------|----------------------|-------|-------|-------------------|-------|-------------------|--------------|---------------|
| 1   | UP                | 90483             | CH           | 224        | 0103   | C                    |       |       | ACTON SIDING      | N     | N                 | 1            | 224           |
| Description<br>Left side retroreflective sheeting painted over.   |                   |                   |              |            |        |                      |       |       |                   |       |                   |              |               |
| Seal Applied  |                   |                   | Seal Removed |            |        | Hazard Class         |       |       | UN/NA ID          |       |                   |              |               |
| Violation Recommended <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                   |                   |              |            |        | Latitude:            |       |       | Longitude:        |       |                   |              |               |
| Written Notification to FRA of Remedial Action is: <input type="checkbox"/> Required <input checked="" type="checkbox"/> Optional |                   |                   |              |            |        | Railroad Action Code |       |       | Date(mm/dd/yyyy): |       | Comments on back? |              |               |

| Item  | Initials/Milepost | Equipment/Track # | Type/Kind    | 49 CFR/USC | Defect | Subrule              | Speed | Class | Train #/Site      | SNFR* | RCL**             | # of Occ.*** | Activity Code |
|---|-------------------|-------------------|--------------|------------|--------|----------------------|-------|-------|-------------------|-------|-------------------|--------------|---------------|
| 2   | BNSF              | 430555            | CH           | 224        | 0103   | C                    |       |       | ACTON SIDING      | N     | N                 | 1            | 224           |
| Description<br>Right side retroreflective sheeting painted over / missing.  |                   |                   |              |            |        |                      |       |       |                   |       |                   |              |               |
| Seal Applied  |                   |                   | Seal Removed |            |        | Hazard Class         |       |       | UN/NA ID          |       |                   |              |               |
| Violation Recommended <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                   |                   |              |            |        | Latitude:            |       |       | Longitude:        |       |                   |              |               |
| Written Notification to FRA of Remedial Action is: <input type="checkbox"/> Required <input checked="" type="checkbox"/> Optional |                   |                   |              |            |        | Railroad Action Code |       |       | Date(mm/dd/yyyy): |       | Comments on back? |              |               |

**DEPARTMENT OF TRANSPORTATION**  
FEDERAL RAILROAD ADMINISTRATION (FRA)

# INSPECTION REPORT

(Continuation)

OMB Approval No.: 2130-0509

|                             |                   |                           |
|-----------------------------|-------------------|---------------------------|
| Inspector's ID No.<br>M3003 | Report No.<br>175 | Report Date<br>11/28/2022 |
|-----------------------------|-------------------|---------------------------|

| Item | Initials/Milepost | Equipment/Track # | Type/Kind | 49 CFR/USC | Defect | Subrule | Speed | Class | Train #/Site | SNFR* | RCL** | # of Occ.*** | Activity Code |
|------|-------------------|-------------------|-----------|------------|--------|---------|-------|-------|--------------|-------|-------|--------------|---------------|
| 3    | CMO               | 101357            | CH        | 231        | 0130   | B1      |       |       | ACTON SIDING | N     | N     | 1            | 231           |

**Description**

B-R Sill step bent, may not be safe for use.

|              |              |              |          |
|--------------|--------------|--------------|----------|
| Seal Applied | Seal Removed | Hazard Class | UN/NA ID |
|--------------|--------------|--------------|----------|

|                       |   |           |            |
|-----------------------|---|-----------|------------|
| Violation Recommended | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Latitude: | Longitude: |
|-----------------------|---|-----------|------------|

|  |  |                      |                   |                   |
|--|--|----------------------|-------------------|-------------------|
| Written Notification to FRA of Remedial Action is: | <input type="checkbox"/> Required <input checked="" type="checkbox"/> Optional | Railroad Action Code | Date(mm/dd/yyyy): | Comments on back? |
|--|--|----------------------|-------------------|-------------------|

| Item | Initials/Milepost | Equipment/Track # | Type/Kind | 49 CFR/USC | Defect | Subrule | Speed | Class | Train #/Site | SNFR* | RCL** | # of Occ.*** | Activity Code |
|------|-------------------|-------------------|-----------|------------|--------|---------|-------|-------|--------------|-------|-------|--------------|---------------|
| 4    | TILX              | 31104             | CH        | 232        | 0103   | F3      |       |       | ACTON SIDING | N     | N     | 1            | 232           |

**Description**

L-1 Brake shoe partly broken.

|              |              |              |          |
|--------------|--------------|--------------|----------|
| Seal Applied | Seal Removed | Hazard Class | UN/NA ID |
|--------------|--------------|--------------|----------|

|                       |   |           |            |
|-----------------------|---|-----------|------------|
| Violation Recommended | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Latitude: | Longitude: |
|-----------------------|---|-----------|------------|

|  |  |                      |                   |                   |
|--|--|----------------------|-------------------|-------------------|
| Written Notification to FRA of Remedial Action is: | <input type="checkbox"/> Required <input checked="" type="checkbox"/> Optional | Railroad Action Code | Date(mm/dd/yyyy): | Comments on back? |
|--|--|----------------------|-------------------|-------------------|

| Item | Initials/Milepost | Equipment/Track # | Type/Kind | 49 CFR/USC | Defect | Subrule | Speed | Class | Train #/Site | SNFR* | RCL** | # of Occ.*** | Activity Code |
|------|-------------------|-------------------|-----------|------------|--------|---------|-------|-------|--------------|-------|-------|--------------|---------------|
| 5    | VMSX              | 5094              | T         | 232        | 0103   | F3      |       |       | ACTON SIDING | N     | N     | 1            | 232           |

**Description**

L-4 Brake shoe broken.

|              |              |              |          |
|--------------|--------------|--------------|----------|
| Seal Applied | Seal Removed | Hazard Class | UN/NA ID |
|--------------|--------------|--------------|----------|

|                       |   |           |            |
|-----------------------|---|-----------|------------|
| Violation Recommended | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Latitude: | Longitude: |
|-----------------------|---|-----------|------------|

|  |  |                      |                   |                   |
|--|--|----------------------|-------------------|-------------------|
| Written Notification to FRA of Remedial Action is: | <input type="checkbox"/> Required <input checked="" type="checkbox"/> Optional | Railroad Action Code | Date(mm/dd/yyyy): | Comments on back? |
|--|--|----------------------|-------------------|-------------------|

| Item | Initials/Milepost | Equipment/Track # | Type/Kind | 49 CFR/USC | Defect | Subrule | Speed | Class | Train #/Site | SNFR* | RCL** | # of Occ.*** | Activity Code |
|------|-------------------|-------------------|-----------|------------|--------|---------|-------|-------|--------------|-------|-------|--------------|---------------|
| 6    |                   |                   |           | 232        |        |         |       |       | ACTON SIDING | N     | N     | 0            | 232X          |

**Description - [\*\* Comment to Railroad/Company \*\*]**

Inspected N/B Train set for securement of unattended equipment, no exceptions taken.

|              |              |              |          |
|--------------|--------------|--------------|----------|
| Seal Applied | Seal Removed | Hazard Class | UN/NA ID |
|--------------|--------------|--------------|----------|

|                       |   |           |            |
|-----------------------|---|-----------|------------|
| Violation Recommended | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Latitude: | Longitude: |
|-----------------------|---|-----------|------------|

|  |  |                      |                   |                   |
|--|--|----------------------|-------------------|-------------------|
| Written Notification to FRA of Remedial Action is: | <input type="checkbox"/> Required <input checked="" type="checkbox"/> Optional | Railroad Action Code | Date(mm/dd/yyyy): | Comments on back? |
|--|--|----------------------|-------------------|-------------------|