

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

INSPECTION REPORT

OMB Approval No.: 2130-0509

Inspector's Name Jackson, Dave				Inspector's Signature				Inspector's ID No. M3003		Report No. 181		Date		
												yy 2022	mm 12	dd 12
Railroad/Company Name & Address BNSF RAILWAY COMPANY						R/C R		Division SYSTEM		RR/Co. Representative (Receipt Acknowledged) Name Matthew Krick Title Mechanical Foreman Email matthew.krick@bnsf.com Signature _____				
						RR/Co. Code BNSF		Subdivision 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:	75	77	2	77	75	1							75	
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	PROX	33063	T	231	0138	A11			ACTON SIDING	N	N	1	231	
Description Top continuous barrier safety chain / bar not in place.														
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	PMRX	765811	CH	215	0301	A1			ACTON SIDING	N	N	1	215	
Description Right side build date 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?			

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

INSPECTION REPORT
(Continuation)

OMB Approval No.: 2130-0509

Inspector's ID No. M3003	Report No. 181	Report Date 12/12/2022
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Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
3	BNSF	402161	CH	224	0103	C			ACTON SIDING	N	N	1	224

Description

Left side retroreflective sheeting painted over.

Seal Applied	Seal Removed	Hazard Class	UN/NA ID
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Violation Recommended	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Latitude:	Longitude:
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Written Notification to FRA of Remedial Action is:	<input type="checkbox"/> Required <input checked="" type="checkbox"/> Optional	Railroad Action Code	<input type="text"/>	Date(mm/dd/yyyy):	<input type="text"/>	Comments on back?
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Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
4	BNSF	471030	CH	224	0103	C			ACTON SIDING	N	N	1	224

Description

Left side retroreflective sheeting painted over.

Seal Applied	Seal Removed	Hazard Class	UN/NA ID
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Violation Recommended	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Latitude:	Longitude:
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Written Notification to FRA of Remedial Action is:	<input type="checkbox"/> Required <input checked="" type="checkbox"/> Optional	Railroad Action Code	<input type="text"/>	Date(mm/dd/yyyy):	<input type="text"/>	Comments on back?
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