

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. 34		Date		
												yy 2024	mm 02	dd 28
Railroad/Company Name & Address BNSF RAILWAY COMPANY 2800 Shannon RD Laurel MT 59044						R/C R		Division SYSTEM		RR/Co. Representative (Receipt Acknowledged) Name Mark Turner Title Generall Mechanical Foreman Email 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 WALTER MAIN LINE SIIDING								To Longitude		
Activity Code:	224	229D	231	232X										
Units:	3	3	3	1										
Sub Units:	0	0	0	1										
Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/ USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code	
1	BNSF	6866	EMF	229	0067	A1			WALTER SIDING	N	N	1	229D	
Description R-3 Vertical shock leaking hudrulic oil.														
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	7165	EMF	229	0067	A1			WALTER SIDING	N	N	1	229D	
Description R-3 Vertical shock leaking hudrulic oil.														
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?			

INSPECTION REPORT

(Continuation)

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Inspector's ID No.	Report No.	Report Date
M3003	34	2/28/2024

Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/ USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
3				232					WALTER SIDING	N	N	0	232X

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

Inspected (3) locomotives 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:
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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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