

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. 80 | | Date | | |
| | | | | | | | | | | | | yy 2024 | mm 05 | dd 09 |
| 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 LAUREL | | | | Codes 0700 | | Destination City & County | | | | Codes | | From Latitude | | |
| State MT | | | | 30 | | City | | | | | | From Longitude | | |
| County YELLOWSTONE | | | | C111 | | County | | | | | | To Latitude | | |
| Mile Post: From To | | | | Inspection Point LAUREL WEST TRACK 2 & 3 | | | | | | | | To Longitude | | |
| Activity Code: | 224 | 229D | 231 | 232X | | | | | | | | | | |
| Units: | 6 | 6 | 6 | 2 | | | | | | | | | | |
| 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 | 5136 | EMF | 229 | 0045 | B5 | | | LAUREL WEST T3 | N | N | 1 | 229D | |
| Description Excessive exhaust smoke at idle. | | | | | | | | | | | | | | |
| 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 <input type="text"/> | | | Date(mm/dd/yyyy): <input type="text"/> | | 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 | 5136 | EMF | 229 | 0045 | A4 | | | LAUREL WEST T3 | N | N | 1 | 229D | |
| Description Front eindshield cracked (not a controlling unit). | | | | | | | | | | | | | | |
| 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 <input type="text"/> | | | Date(mm/dd/yyyy): <input type="text"/> | | Comments on back? | | | |

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INSPECTION REPORT

(Continuation)

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| | | |
|-----------------------------|------------------|-------------------------|
| Inspector's ID No. M3003 | Report No. 80 | Report Date 5/9/2024 |
|-----------------------------|------------------|-------------------------|

| Item | Initials/Milepost | Equipment/Track # | Type/Kind | 49 CFR/USC | Defect | Subrule | Speed | Class | Train #/Site | SNFR* | RCL** | # of Occ.*** | Activity Code |
|------|-------------------|-------------------|-----------|------------|--------|---------|-------|-------|-------------------|-------|-------|--------------|---------------|
| 3 | BNSF | 5136 | EMF | 229 | 0067 | A1 | | | LAUREL WEST T3 | N | N | 1 | 229D |

Description

R-2 Vertical shock leaking hydraulic oil.

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|--------------|--------------|--------------|----------|
| 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: |
|-----------------------|---|-----------|------------|

| | | | | |
|--|--|----------------------|-------------------|-------------------|
| 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 | BNSF | 5506 | EMF | 229 | 0045 | C1 | | | LAUREL WEST T3 | N | N | 1 | 229D |

Description

Oil on generator.

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|--------------|--------------|--------------|----------|
| 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 | 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 | BNSF | 5506 | EMF | 229 | 0119 | C1 | | | LAUREL WEST T3 | N | N | 1 | 229D |

Description

Oil on left side rear walkway.

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| 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: |
|-----------------------|---|-----------|------------|

| | | | | |
|--|--|----------------------|-------------------|-------------------|
| 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 | BNSF | 5506 | EMF | 229 | 0045 | B5 | | | LAUREL WEST T3 | N | N | 1 | 229D |

Description

Toilet discharge valve leaking product onto brake shoe & rigging.

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| 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 | Date(mm/dd/yyyy): | Comments on back? |
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| Inspector's ID No. M3003 | Report No. 80 | Report Date 5/9/2024 |
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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 |
|------|-------------------|-------------------|-----------|------------|--------|---------|-------|-------|-------------------|-------|-------|--------------|---------------|
| 7 | BNSF | 5506 | EMF | 229 | 0045 | A4 | | | LAUREL WEST T3 | N | N | 1 | 229D |

Description

Left front support hose bracket broken.

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| 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 | Date(mm/dd/yyyy): | 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 |
|------|-------------------|-------------------|-----------|------------|--------|---------|-------|-------|-------------------|-------|-------|--------------|---------------|
| 8 | BNSF | 7086 | EMF | 229 | 0067 | A1 | | | LAUREL WEST T2 | N | N | 1 | 229D |

Description

L-6 Vertical shock leaking hydraulic oil.

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| 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 | 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 |
|------|-------------------|-------------------|-----------|------------|--------|---------|-------|-------|-------------------|-------|-------|--------------|---------------|
| 9 | BNSF | 1102 | EMF | 229 | 0045 | A4 | | | LAUREL WEST T2 | N | N | 1 | 229D |

Description

New York Air Brake drier is non-op and unit is continuously exhausting air.

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| 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 | 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 |
|------|-------------------|-------------------|-----------|------------|--------|---------|-------|-------|-------------------|-------|-------|--------------|---------------|
| 10 | NS | 8040 | EMF | 229 | 0057 | E1 | | | LAUREL WEST T2 | N | N | 1 | 229D |

Description

R-6 Brake shoe & rigging covered in oil.

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|--------------|--------------|--------------|----------|
| 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: |
|-----------------------|---|-----------|------------|

| | | | | |
|--|--|----------------------|-------------------|-------------------|
| 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? |
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| Inspector's ID No. | Report No. | Report Date |
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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 |
|------|-------------------|-------------------|-----------|----------------|--------|---------|-------|-------|-------------------|-------|-------|-----------------|------------------|
| 11 | BNSF | 7086 | EMF | | | | | | LAUREL WEST T2 | N | N | 0 | |

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

Hand brake not set on controlling locomotive, please review procedures with Train Crew members.

*Note hand brake was set at the time of this inspection.

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|--------------|--------------|--------------|----------|
| 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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