

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. 147 | | Date yy mm dd 2025 10 01 | | | | | | | | | |
| Railroad/Company Name & Address BNSF RAILWAY COMPANY Laurel MT 59044 | | | | | | R/C R | | Division SYSTEM | | RR/Co. Representative (Receipt Acknowledged) Name Harlan Penninger Title Car Shop / Road Truck 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 T-3 | | | | | | To Longitude | | | | | | | | | |
| Activity Code: | | 215 | 224 | 229D | 231 | 232 | 232X | | | | | | | CARS | | | | | | | |
| Units: | | 90 | 92 | 2 | 92 | 90 | 1 | | | | | | 90 | | | | | | | | |
| 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 | BNSF | 6396 | EMF | 229 | 0045 | A4 | | | LAUREL WEST T3 | N | N | 1 | 229D |
| Description Air compressor cooling fins (lower) covered in oil / dirt. | | | | | | | | | | | | | |
| 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 | 6396 | EMF | 229 | 0119 | E1 | | | LAUREL WEST T3 | N | N | 1 | 229D |
| Description Rear continuous barrier too low. | | | | | | | | | | | | | |
| 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? | | |

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INSPECTION REPORT

(Continuation)

OMB Approval No.: 2130-0509

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|-----------------------------|-------------------|--------------------------|
| Inspector's ID No. M3003 | Report No. 147 | Report Date 10/1/2025 |
|-----------------------------|-------------------|--------------------------|

| Item | Initials/Milepost | Equipment/Track # | Type/Kind | 49 CFR/USC | Defect | Subrule | Speed | Class | Train #/Site | SNFR* | RCL** | # of Occ.*** | Activity Code |
|------|-------------------|-------------------|-----------|------------|--------|---------|-------|-------|-------------------|-------|-------|--------------|---------------|
| 3 | TILX | 54529 | CH | 224 | 0103 | C | | | LAUREL WEST T3 | N | N | 1 | 224 |

Description

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 |
|------|-------------------|-------------------|-----------|------------|--------|---------|-------|-------|-------------------|-------|-------|--------------|---------------|
| 4 | SHPX | 455244 | CH | 215 | 0117 | E1 | | | LAUREL WEST T3 | N | N | 1 | 215 |

Description

L-4 Roof liner damaged.

| | | | |
|--------------|--------------|--------------|----------|
| 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 | TILX | 52222 | CH | 215 | 0117 | E1 | | | LAUREL WEST T3 | N | N | 1 | 215 |

Description

L-4 Roof liner damaged.

| | | | |
|--------------|--------------|--------------|----------|
| 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 | TILX | 541278 | CH | 224 | 0103 | C | | | LAUREL WEST T3 | N | N | 1 | 224 |

Description

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? |
|--|--|----------------------|-------------------|-------------------|

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|-----------|-------------------|-------------------|-----------|-----------------------|--------|---------|-------|-------|-----------------------------------|-------|-------|----------------------|--------------------------|
| Item 7 | Initials/Milepost | Equipment/Track # | Type/Kind | 49 CFR/ USC 232 | Defect | Subrule | Speed | Class | Train #/Site LAUREL WEST T3 | SNFR* | RCL** | # of Occ.*** 0 | Activity Code 232X |
|-----------|-------------------|-------------------|-----------|-----------------------|--------|---------|-------|-------|-----------------------------------|-------|-------|----------------------|--------------------------|

Description - [** Comment to Railroad/Company **]
Inspected E/B Grain Fleet 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 <input type="text"/> <input type="text"/> <input type="text"/> | Date(mm/dd/yyyy): <input type="text"/> | Comments on back? |
|--|---|--|-------------------|