

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. 148		Date yy mm dd 2025 10 07		
Railroad/Company Name & Address BNSF RAILWAY COMPANY Laurel MT 59044						R/C R		Division SYSTEM		RR/Co. Representative (Receipt Acknowledged) Name Harlan Penninger				
						RR/Co. Code BNSF		Subdivision SYSTEM		Title Car Shop / Road Truck Foreman				
										Email				
										Signature _____				
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-3						To Longitude				
Activity Code:	215	224	229D	231	232	232X							CARS	
Units:	102	105	3	105	102	1							102	
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	3793	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?			

Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/ USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
2	BNSF	3793	EMF	229	0045	A4			LAUREL WEST T3	N	N	1	229D
Description Left front ride control 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. M3003	Report No. 148	Report Date 10/7/2025
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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	7497	EMF	229	0119	C1			LAUREL WEST T3	N	N	1	229D

Description
Oil on left rear walkway next to hand brake.

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	7497	EMF	229	0045	C1			LAUREL WEST T3	N	N	1	229D

Description
Oil on number #6 traction motor cables.

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
5				232					LAUREL WEST T3	N	N	0	232X

Description - [** Comment to Railroad/Company **]
Inspected E/B train for securement of unattended equipment, no exceptions taken.

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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