

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

INSPECTION REPORT

OMB Approval No.: 2130-0509

Inspector's Name Sherwood, Daniel				Inspector's Signature				Inspector's ID No. M3005		Report No. 85		Date yy mm dd 2024 09 04		
Railroad/Company Name & Address BNSF RAILWAY COMPANY Great Falls MT						R/C R	Division SYSTEM		RR/Co. Representative (Receipt Acknowledged) Name David Johnson Title Mechanical Foreman Email david.johnson122807@bnsf.com Signature _____					
						RR/Co. Code BNSF	Subdivision SYSTEM							
From: City GREAT FALLS			Codes 0530		Destination City & County				Codes		From Latitude			
State MT			30		City						From Longitude			
County CASCADE			C013		County						To Latitude			
Mile Post: From To				Inspection Point GREAT FALLS ROUNDHOUSE						To Longitude				
Activity Code:	229D	231	232X	218S	LTM									
Units:	4	4	1	4	1									
Sub Units:	0	0	2	0	4									
Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code	
1										N	N	0	218S	
Description - [** Comment to Railroad/Company **] Observed four mechanical employees performing inspections under blue signal protection, 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		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										N	N	0	232X	
Description - [** Comment to Railroad/Company **] Inspected two recently serviced locomotive consists for securement of unattended equipment and federal defects, 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		Date(mm/dd/yyyy):				Comments on back?		