

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. 94		Date yy mm dd 2023 12 20		
Railroad/Company Name & Address MONTANA RAIL LINK 1655 Rogers St.  Missoula MT 59808						R/C R		Division SYSTEM		RR/Co. Representative (Receipt Acknowledged) Name Matt Olson Title Mechanical General Foreman Email molson@mtrail.com Signature _____				
						RR/Co. Code MRL		Subdivision SYSTEM						
From: City TOWNSEND				Codes 1160		Destination City & County				Codes		From Latitude		
State MT				30		City						From Longitude		
County BROADWATER				C007		County						To Latitude		
Mile Post: From To				Inspection Point TOWNSEND SIDING								To Longitude		
Activity Code:	215	224	229D	231	232	232X							CARS	
Units:	13	14	1	14	12	1							13	
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	MRL	100035	F	232	0103	F3				N	N	1	232
Description (A-end) trainline bracket loose.													
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	MRL	100036	F	232	0103	F3				N	N	2	232
Description (L1/L2) brake shoes broken/worn to backing plate.													
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. M3005	Report No. 94	Report Date 12/20/2023
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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	MRL	100036	F	231	0138	C2				N	N	2	231

Description  
(AL) side handhold has less than required clearance.

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
4	MRL	100037	F	232	0103	F3				N	N	2	232

Description  
(B-end) trainline bracket loose.

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
5	MRL	100031	F	215	0117	E1				N	N	0	215

Description - [\*\* Comment to Railroad/Company \*\*]  
(R3) roller bearing adapter wear plate shifted/not in position (Roof Liner)

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
6										N	N	0	232X

Description - [\*\* Comment to Railroad/Company \*\*]  
Inspected one 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	Date(mm/dd/yyyy):	Comments on back?
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