

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. 73		Date yy mm dd 2020 05 20			
Railroad/Company Name & Address MONTANA RAIL LINK 2800 Shannon Road  Laurel MT 59044						R/C R		Division SYSTEM		RR/Co. Representative (Receipt Acknowledged) Name Mark Turner Title General Mechanical Foreman Email mturner@mtrail.com Signature _____					
						RR/Co. Code MRL		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 YARD TRACK-2								To Longitude			
Activity Code:	224	229D	231												
Units:	3	3	3												
Sub Units:	0	0	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	8226	EMF	229	0057	E1			LAUREL WEST T2	N	N	1	229D
Description L-2 BRAKE RIGGING WEAR / ADJUSTMENT PAD OUT OF POSITION.													
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	8226	EMF	229	0045	B5			LAUREL WEST T2	N	N	1	229D
Description RIGHT FRONT AIR CHECK VALVE CONTINUOUSLY EXHAUSTING AIR.													
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?			

# INSPECTION REPORT

(Continuation)

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Inspector's ID No. M3003	Report No. 73	Report Date 5/20/2020
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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	6530	EMF	229	0045	A4			LAUREL WEST T2	N	N	2	229D

Description  
BOTH RIGHT FRONT & RIGHT REAR WEIGHT MANAGEMENT CYLINDER STOP COLLARS, MECHANICAL FASTENERS BROKEN.

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"/> <input type="text"/> <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	6530	EMF	229	0045	C1			LAUREL WEST T2	N	N	2	229D

Description  
AIR COMPRESSOR OIL LEAKING ONTO NUMBER SIX TRACTION MOTOR LEAD CABLES. AS WELL AS POWER CABLES TO COMPRESSOR MOTOR.

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"/> <input type="text"/> <input type="text"/>	Date(mm/dd/yyyy):	<input type="text"/>	Comments on back?
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