

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. 160 | | Date yy mm dd 2022 10 24 | | |
| 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 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 | 8035 | EMF | 229 | 0119 | E1 | | | LAUREL WEST T-3 | N | N | 1 | 229D |
| Description Front continuous barrier too low, not providing fall protection. | | | | | | | | | | | | | |
| 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 | 8001 | EMF | 229 | 0067 | A1 | | | LAUREL WEST T-3 | N | N | 1 | 229D |
| Description R-1 Vertical shock leaking hydraulic oil. | | | | | | | | | | | | | |
| 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. 160 | Report Date 10/24/2022 |
|-----------------------------|-------------------|---------------------------|

| Item | Initials/Milepost | Equipment/Track # | Type/Kind | 49 CFR/USC | Defect | Subrule | Speed | Class | Train #/Site | SNFR* | RCL** | # of Occ.*** | Activity Code |
|------|-------------------|-------------------|-----------|------------|--------|---------|-------|-------|--------------------|-------|-------|--------------|---------------|
| 3 | BNSF | 474827 | CH | 215 | 0117 | E1 | | | LAUREL WEST T-3 | N | N | 1 | 215 |

Description

R-1, R-2, R-3 & R-4 Roof liners all shifted out of place.

| | | | |
|--------------|--------------|--------------|----------|
| 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 | BNSF | 474758 | CH | 215 | 0117 | E1 | | | LAUREL WEST T-3 | N | N | 1 | 215 |

Description

R-1, R-2, R-3 & R-4 Roof liners all shifted out of place.

| | | | |
|--------------|--------------|--------------|----------|
| 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 | BNSF | 472593 | CH | 215 | 0301 | A1 | | | LAUREL WEST T-3 | N | N | 1 | 215 |

Description

Right side build date 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 |
|------|-------------------|-------------------|-----------|------------|--------|---------|-------|-------|--------------------|-------|-------|--------------|---------------|
| 6 | COER | 352943 | CH | | | | | | LAUREL WEST T-3 | N | N | 0 | |

Description - [** Comment to Railroad/Company **]

A-L Spring nest has one broken coil spring within the nest.

| | | | |
|--------------|--------------|--------------|----------|
| 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. 160 | Report Date 10/24/2022 |
|-----------------------------|-------------------|---------------------------|

| Item | Initials/Milepost | Equipment/Track # | Type/Kind | 49 CFR/ USC | Defect | Subrule | Speed | Class | Train #/Site | SNFR* | RCL** | # of Occ.*** | Activity Code |
|------|-------------------|-------------------|-----------|----------------|--------|---------|-------|-------|--------------------|-------|-------|-----------------|------------------|
| 7 | | | | 232 | | | | | LAUREL WEST T-3 | N | N | 0 | 232X |

Description - [** Comment to Railroad/Company **]

Inspected E/B Grain train 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"/> | Date(mm/dd/yyyy): | <input type="text"/> | Comments on back? |
| | | | | | | |