

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. 76		Date		
												yy 2023	mm 05	dd 23
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:	90	92	2	92	90	1							90	
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	6203	EMF	229	0045	C1			LAUREL WEST T-3	N	N	1	229D
Description Oil on #6 traction motor cables.													
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	6203	EMF	229	0045	C1			LAUREL WEST T-3	N	N	1	229D
Description Oil on air compressor / air blower high voltage wire harness.													
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. 76	Report Date 5/23/2023
-----------------------------	------------------	--------------------------

Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
3	AGPX	16239	CH	215	0301	A1			LAUREL WEST T-3	N	N	1	215

Description

Left 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
4	AGPX	11484	CH						LAUREL WEST T-3	N	N	0	

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

A-L Spring nest has (1) coil spring shifted part way out of 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?
--	--	----------------------	-------------------	-------------------

Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
5	AGPX	11173	CH						LAUREL WEST T-3	N	N	0	

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

B-End Top car ID number fully 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				232					LAUREL WEST T-3	N	N	0	232X

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

Inspected E/B train set 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	Date(mm/dd/yyyy):	Comments on back?
--	--	----------------------	-------------------	-------------------