

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. 133		Date yy mm dd 2023 08 30			
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 1&2								To Longitude			
Activity Code:	224	229D	231												
Units:	7	7	7												
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	5806	EMF	229	0125	D3			LAUREL WEST T1	N	N	1	229D		
Description Right front ditch light broken.															
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	5806	EMF	229	0093	C1			LAUREL WEST T1	N	N	1	229D		
Description Left side emergency fuel shut off decal faded out, not readable.															
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. 133	Report Date 8/30/2023
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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	BNSF	1082	EMF	229	0045	A4			LAUREL WEST T1	N	N	1	229D

Description
Auxillary air dryer non-op, indicator is in the orange display color.

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"/>	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	6707	EMF	229	0045	F1			LAUREL WEST T2	N	N	1	229D

Description
Right front vertical handhold having less than 2 1/2 inches of clearance as required.

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"/>	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
5	BNSF	7022	EMF	229	0045	A4			LAUREL WEST T2	N	N	1	229D

Description
Left front weight management system missing chain & pin.

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